

Attachment 1

Sent by: David St
George/MOH

22/03/2016 03:47
p.m.

To: patrick.manning@southerndhb.govt.nz,
cc:Chris McEwan/MOH@MOH,
bcc:

Subject:Gender reassignment surgery -

Dear Patrick,

On 22 October 2005, you referred _____ to Mr Peter Walker and the High Cost Treatment Pool, for consideration of Male-to-Female gender reassignment surgery. _____ has recently been contacted by the Ministry of Health in order to confirm that she wants to remain on the waiting list and that you are still her DHB specialist.

_____ is now amongst the top four on the waiting list for this surgery. With the retirement of Peter Walker, the Ministry is now making alternative arrangements for providing the surgery overseas. The arrangements we propose for this are as follows:

- a) When a patient reaches the top of the waiting list, the referring DHB specialist will be informed.
- b) The referring specialist will then determine that the patient still wants the surgery and is fit for it. This will include ensuring that the patient meets all of the criteria for gender reassignment surgery (including two psychiatrist assessments and one psychologist assessment).
- c) The referring specialist will then make a referral to an overseas provider and obtain an estimate of the costs of the procedure.
- d) An application to the High Cost Treatment Pool will then be made (see attached form). This will include confirmation of acceptance by the provider and the estimated cost of the procedure. It will also include an estimate of the cost of travel and accommodation for the patient and one support person, which the DHB of domicile will organise.
- e) The Ministry will then sign a contract with the overseas provider for the surgery, and a separate contract with the DHB of domicile for reimbursing the cost of travel and accommodation. Once the contracts are in place, the surgery can go ahead.
- e) The referring specialist will take responsibility for after care back in New Zealand, to be provided by the DHB of domicile as necessary. The referring specialist will also be involved in arranging follow-up care from the overseas provider, if subsequent specialised surgery becomes necessary. Any further overseas treatment will require prior approval by the Ministry and will be funded through the High Cost Treatment Pool.

All four at the top of the list are now eligible for the above arrangements to be put in place. Can you please confirm that you will take responsibility for proceeding with these arrangements for

As this is a new system, we wish to give you as much support as necessary, in order to ensure that everything goes as smoothly as possible.

With regard to selecting an overseas provider, this is ultimately your clinical decision. However, it would be helpful if there were a 'preferred provider' for New Zealand for this surgery. Mr Christopher McEwan, Clinical Leader in Prioritisation and Elective Surgery in the Ministry, will therefore be in touch with you shortly, in order to discuss this issue and any other issue that you wish to raise.

If you have any immediate questions or concerns about this arrangement, please do not hesitate to get in touch with me.

Regards,

David

Dr David St George
Chief Advisor
Office of the Chief Medical Officer
Ministry of Health
Wellington
New Zealand

DDI: 04 496 2592
Mobile: 021 222 0804
Fax: 04 816 2191

<http://www.health.govt.nz>
mailto:David_StGeorge@moh.govt.nz

Modifiers:

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**Special High Cost Treatment Pool Application Form
Gender Reassignment Surgery Waiting List**

Return completed application to:

Dr David St George
Chief Advisor
Special High Cost Treatment Pool
Ministry of Health
PO Box 5013
1 The Terrace, Wellington

Telephone: (04) 496 2592
Fax: (04) 496 2229
Email: david_stgeorge@moh.govt.nz

Date of application: _____

1. Patient information

Full name: _____

Residential address: _____

NHI number: _____ Date of birth: _____

Telephone number: _____

Email: _____

Ethnicity: European Maori Pacific Nations Other: _____

Eligibility: Is this person eligible for publicly-funded services as defined in the NZ Public Health and Disability Act 2000

Initial Consultation: Public Private

2. DHB and Referrer information

DHB of referral: _____

Referring DHB Specialist: _____

Phone: _____ Fax: _____

Email: _____

DHB of Domicile (if different): _____

**Special High Cost Treatment Pool Application Form
Gender Reassignment Surgery Waiting List**

Responsible manager in DHB of Domicile (ie manager to whom contracts will be made out for travel and accommodation): _____

Signature of responsible DHB manager: _____

Phone: _____ Fax: _____

Email: _____

DHB of domicile CMO (or delegate): _____

Signature of DHB of domicile CMO (or delegate): _____

Phone: _____ Fax: _____

Email: _____

3. Provider information

Proposed provider organisation: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Proposed providing specialist: _____

Phone: _____ Fax: _____

Email: _____

Person to whom contracts will be made out: _____

Email: _____

4. Clinical details

This application is for:

Gender reassignment surgery overseas

Male to Female

Female to Male

**Special High Cost Treatment Pool Application Form
Gender Reassignment Surgery Waiting List**

Details of relevant medical history and treatment required: **Please confirm that all eligibility requirements for gender reassignment surgery (as outlined on <http://www.health.govt.nz/our-work/hospitals-and-specialist-care/high-cost-treatment-pool/gender-reassignment-surgery>) have been met.**

Reason/s for referral to chosen provider: **Please attach a copy of the clinical referral letter/email and a copy of the provider's letter/email of acceptance.**

**Special High Cost Treatment Pool Application Form
Gender Reassignment Surgery Waiting List**

This patient has the following additional current/past medical conditions:

This patient is on the following medications:

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**Special High Cost Treatment Pool Application Form
Gender Reassignment Surgery Waiting List**

5. Financial information

Estimated cost of all components of treatment (GST exclusive) in NZ\$: (an estimate of costs will be required on provider letterhead)

Inpatient: \$ _____

Theatre: \$ _____

Diagnostic/
Assessment: \$ _____

Surgeon: \$ _____

Anaesthetist: \$ _____

Pharmaceuticals: \$ _____

Radiology: \$ _____

Out-patient: \$ _____

Travel \$ _____

Accommodation: \$ _____

Other (Specify): \$ _____

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Special High Cost Treatment Pool Application Form

Gender Reassignment Surgery Waiting List

INFORMATION

The purpose of the Special High Cost Treatment Pool is to:

- ensure equitable access throughout the country to Special High Cost Treatments
- manage the financial risk for certain highly specialised procedures which pose a risk due to their unknown or fluctuating costs
- promote the use of cost-effective procedures in the public health care system

Special High Cost Treatments include the following:

- medical treatment overseas
- treatment available in New Zealand but not currently available within the public health system (and not publicly funded under contract with the private sector)
- complex cases

1. Who can apply?

Applications will only be accepted from DHB specialists supported by the responsible DHB manager in the DHB of domicile, whose name will be on the contract once application is approved, along with supporting documentation and recommendations for treatment.

2. Eligibility criteria

Access to the Special High Cost Treatment Pool will be determined by the Chief Advisor and a panel of relevant Ministry officials in the context of the Ministry's statutory objectives and functions. In reaching decisions on access to the Treatment Pool, the Chief Advisor and panel will have regard to the eligibility criteria listed below, and to the applicant's individual circumstances.

2.1 Special High Cost Treatment Overseas

- i. The treatment being sought for funding must not be available in New Zealand.
- ii. The treatment has proven efficacy through appropriate clinical trials, and preferably has also been established as effective when applied in regular practice.
- iii. The chosen treatment is cost-effective which means that:
 - the expected long term savings to the health care system outweigh the initial costs of the treatment; and/or
 - the dollar costs for the expected benefit are acceptable when evaluated against other MoH priorities.
- iv. Failure to receive the treatment could result in serious irreversible deterioration in the patient's condition or an inability to recover lost function, or significant impairment to normal development of a child; or

Special High Cost Treatment Pool Application Form Gender Reassignment Surgery Waiting List

Failure to receive the treatment could deny an adult with a lifelong disability access to treatment which would lead to a marked improvement in their quality of life.

- v. Treatment would lead to reasonable prospects of survival and to an improved quality of life after treatment.
- vi. The treatment is well established and not an experimental form of treatment.
- vii. In cases where the above eligibility criteria are clearly satisfied approval will be granted by the Chief Advisor in consultation with an assessment panel.

2.2 Special High Cost Treatments in New Zealand (not publicly funded and available only outside public hospitals)

- i. The treatment must not be currently available from any public hospital in New Zealand and must not be publicly funded in a private hospital under any existing contractual arrangement.
- ii. The treatment has proven efficacy through appropriate clinical trials, and preferably has also been established as effective when applied in regular practice.
- iii. The treatment is well established and not an experimental form of treatment.
- iv. Failure to receive the treatment could result in serious irreversible deterioration in the patient's condition or an inability to recover lost function, or significant impairment to normal development of a child; or
- v. Failure to receive the treatment could deny an adult with a lifelong disability access to treatment which would lead to a marked improvement in their quality of life.
- vi. The chosen treatment is cost-effective, that is:
 - the expected long term savings to the health care system outweigh the initial costs of the treatment; and/or
 - the dollar costs per unit of benefit are acceptable when evaluated against other MoH priorities.
- vii. Treatment would lead to reasonable prospects of survival and to an improved quality of life after treatment.

2.3 Complex cases

A complex case is a case that may require case management due to complexity, rarity and high cost, which is not adequately compensated for by

Special High Cost Treatment Pool Application Form Gender Reassignment Surgery Waiting List

WIES methodology, and where there is significant risk that neither the MoH nor the DHB can control.

3. How to apply

All applications for funding through the Special High Cost Treatment Pool will be received by the Chief Advisor and will be considered on a case-by-case basis.

All applications must be made prior to the commencement of or commitment to treatment. Retrospective funding will not be made available.

The exception to this is Complex Cases, where, for acute treatments you must send your completed application for consideration by the Chief Advisor on the day that the patient is identified as possibly meeting the criteria, except that where that day is not a working day you must send your application on the next working day.

Applications should be made on the attached form and accompanied by supporting evidence and costing information. Forms should be sent to:

Dr David St George
Chief Advisor
Clinical Leadership, Protection & Regulation Business Unit
Ministry of Health
PO Box 5013
WELLINGTON
Email: david_stgeorge@moh.govt.nz

4. Funding levels and arrangements

Prices for Special High Cost Treatments will be determined individually but standardised wherever possible.

In Complex Cases we may agree to an arrangement where the cost of the Complex Case is shared between each of us. We will determine the extent to which we each contribute to the cost of the Complex Case and in doing so, will take into account a number of factors, including (without limitation):

- The variability of the cost profile for the Complex Cases involved; and
- Whether the DHB is in a position to balance the cost variation across other Services they provide; and
- The level of any Severity/Complexity Adjuster we have already paid to you.

All applications must be accompanied by a quote on letterhead from the organisation providing and co-ordinating the treatment.

In most instances the requirement for payment will be one aggregated invoice for all components of the treatment unless otherwise agreed prior to the commencement of the treatment.

Security classification: In-Confidence

File number: HC01-52-0-2
Action required by: 4 December 2015

Submission to the Health Select Committee about Gender Reassignment Services

To: Hon Dr Jonathan Coleman, Minister of Health

Purpose

This report provides you with a draft of a submission to the Health Select Committee from the Ministry of Health, about gender reassignment services. The report also seeks your agreement for the Ministry to undertake a review of the current level of provision of gender reassignment surgery for New Zealanders.

Key points

- Simon O'Connor, Chairperson of the Health Select Committee, has requested a fourth written submission to the Committee about gender reassignment services, which is to be sent to the Committee by 7 December 2015.
- The purpose of the submission is to continue to assist the Committee with their consideration of a petition about the inadequate supply of publically funded gender reassignment health services in New Zealand.
- The appended draft submission presents a stocktake of District Health Board gender reassignment services, which was undertaken in October 2015 on behalf of the Health Select Committee.
- The draft submission also presents the Ministry's view that health services for transgender people are best organised, developed and provided on a regional basis.
- The Health Select Committee has previously discussed the significant imbalance between demand and supply for gender reassignment surgery (funded centrally through the High Cost Treatment Pool). The current level of 3 Male-to-Female and 1 Female-to-Male surgeries every two years was set in 2003 and has remained at this level despite a dramatic increase in demand. The Ministry proposes to review the level of provision and report back to you by 1st March 2016.

Recommendations

The Ministry recommends that you:

- | | | |
|----|--|-----------------|
| a) | Note the contents of the proposed submission to the Health Select Committee | |
| b) | Agree that the Ministry should undertake a review of the current level of provision of gender reassignment surgery and report back to you by 1 st March 2016 | Yes / No |

Dr Don Mackie
Chief Medical Officer
Clinical Leadership, Protection & Regulation

Minister's signature:

Date:

Contacts:	Dr Don Mackie, Chief Medical Officer, CLPR	021 656 000
	Dr David St George, Chief Advisor, CLPR	021 222 0804

16 December 2015

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

Dear Simon

Petition 2011/107 of Thomas Hamilton and 435 others

Thank you for your letter of 16 September 2015, in which you asked the Ministry to provide further written information about gender reassignment services. You asked for a stocktake of gender reassignment services by District Health Board (DHB), presented in tabular form, and you specifically requested the number of Māori and Pasifika people engaging with the services. You also asked for the Ministry's response to issues raised by the petitioners about the quality of services for transgender and intersex people. You said that you would like to hear what the Ministry is doing and what it will do in the future, to ensure that the entire health sector lifts the quality of the services for these groups.

Stocktake of DHB Services

In October 2015, a request was sent to all DHB Chief Executive Officers to provide information about their gender reassignment services. The attached document presents the findings of the stocktake in two tables.

Table 1 summarises the gender reassignment services available in each DHB. Where a service is provided, the estimated number of people in contact with the service (over a twelve month period) is given.

Eleven DHBs provide gender reassignment services to some degree, through their sexual health services, mental health services, youth services, medical services (e.g. endocrinology) or surgical services. Nine DHBs have said that they do not provide a gender reassignment service.

Hormone therapy can be provided by endocrinologists, sexual health physicians, youth physicians, other medical specialists or by GPs.

There is variable access to **psychiatric and psychological services** for this group of people. In some DHBs, counselling and psychological support are provided through sexual health services.

Secondary surgery (e.g. mastectomy, hysterectomy, orchidectomy) is provided to a limited extent in four DHBs: Auckland, Canterbury, Capital & Coast and Counties Manukau.

At the right hand side of Table 1 are the numbers on the national waiting list for **genital reassignment surgery**, by DHB of domicile. Information about this waiting list has previously been provided to the Health Select Committee.

Table 2 provides information on the number of Maori and Pasifika people using particular DHB services, where the DHB has been able to provide this information.

The information provided in this document is a partial picture of the services available to transgender people. It primarily presents a snapshot of information about users of DHB provider arm services. Services provided by GPs are of equal importance to this group of people. There is also a significant NGO sector for transgender people in parts of the country. The number of transgender people in the community is therefore considered to be larger than what has been obtained through this stocktake.

Improving the quality of services

The Ministry of Health's view is that transgender health services are best organised, developed and provided on a regional basis. With a regional focus, there is a greater opportunity for raising and maintaining consistently high standards of services for the transgender community.

The Northern Region, which consists of Northland, Waitemata, Auckland and Counties Manukau, has been putting effort into this and the Ministry supports the approach being taken. Their intention is to develop a linked health service for transgender people, creating clear pathways through the services. They are putting forward a plan based on collaboration across the region and integration through the levels of community, specialist and hospital health services.

The Northern Region's work to date has included establishing a regional transgender steering group and clinical and consumer advisory group, holding a series of consumer workshops across the Auckland metropolitan region, and drafting care pathways and service specifications. A proposal for a Northern Region transgender service provision is to be considered by the Regional Funding Forum and the Regional Chief Executive and Chief Medical Officer Forum. If endorsed, DHB boards will then decide whether to adopt all or parts the proposal.

As the Northern Region makes progress, the Ministry will encourage other regions to observe this and to strengthen their own regional approach to organising and improving transgender services.

Yours sincerely



Dr Don Mackie
Chief Medical Officer
Clinical Leadership, Protection & Regulation

DHB Gender Reassignment Services
 Stocktake October 2015
 Table 1

DHB	Approximate number of transgender people using the services in a 12 month period						Surgery			Number on the national waiting list for genital reassignment surgery	
	Sexual Health Services	Mental Health Services	Youth Services	Endocrinology	Mastectomy	Hysterectomy	Orchiectomy	Facial Augmentation	Breast Augmentation	MIF	FtM
DHB											
Auckland	84 in Auck region	4-6		10	6					11	4
Bay of Plenty		1	15							1	
Canterbury		12			2	6				14	3
Capital & Coast		Limited, 17 waiting for assessment		23		1	1			9	1
Counties Manukau	(See Auck)		66 current	6/12				1		2	
Hawkes Bay										3	
Hutt Valley											
Lakes											
MidCentral				2						3	
Nelson Marlborough										2	
Northland											
Northland											
Northland											
Northland											
Northland											
South Canterbury											
South Canterbury											
Southern		30 new 60 follow-up		9 new 40 follow-up						9	3
Tairāwhiti	8	8									
Taranaki		3-4		15-20						3	1
Waikato	41	3-4								1	
Wairarapa											
Waitemata	(See Auck)		36	12						5	
West Coast											
Whanganui											
Unknown										1	1
Total	133	135-140	117	115-130	8	7	1	1	1	65	13

Shaded line = DHB does not provide a gender reassignment service

(A quarter of Capital & Coast's cases come from Hutt Valley.)

(No gender reassignment service but 4 people known to be transgender, with varying degrees of support, from some services.)

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DHB Gender Reassignment Services
 Stocktake October 2015 - Table 2

Approximate number of transgender people who are Maori and Pasifika
 in selected DHB services (where ethnicity is known)

DHB	Service	Total number in 12 months	Number who are Maori	Number who are Pasifika
Auckland	Auckland Regional Sexual Health	84	6	25
Bay of Plenty	Youth	15	2	0
Capital & Coast	Endocrinology	23	4	1
Counties Manukau	Youth	66	26	23
Southern	Mental Health	90	5	0
Tairāwhiti	Sexual & Mental Health	8	8	0
Waikato	Sexual Health	41	18	1

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26 May 2015

Ailsa Jacobson
Manager
High Cost Surgery Department
Ministry of Health
Wellington

Dear Ms Jacobson

Fellowship for Gender Reassignment Surgery

Peter Walker has approached the New Zealand Association of Plastic Surgeons regarding finding another New Zealand based plastic and reconstructive surgeon to continue his work with the gender reassignment team. The Association has approached its members and there is no-one with the skills or the interest in this surgery willing to take up this work at present. We are aware that there were very few publicly funded operations carried in New Zealand in each year.

One option for the Ministry to consider, if there is a desire to continue to offer gender reassignment surgery in New Zealand, is for a Fellowship to be established for a young surgeon to train overseas. The Association anticipates that this may be a one year Fellowship – possibly in Belgium – at an estimated cost of \$NZ100,000 pa. The options for this would require further investigation. If the Ministry is prepared to consider the establishment of a Fellowship, the Association would facilitate discussion with Plastic and Reconstructive Surgery Trainees.

While this would not provide a solution in the short term, it may offer New Zealand a longer term option for the future.

Please do not hesitate to contact me if you would like to progress discussions on this issue.

Regards

A handwritten signature in cursive script, appearing to read 'Sally Langley'.

Sally Langley
President of the New Zealand Association of Plastic Surgeons

Cc Peter Walker

28 April, 2016

Sally Langley
President
New Zealand Association of Plastic Surgeons
Email: info@plasticsurgery.org.nz

Dear Sally

Fellowship for Gender Reassignment Surgery

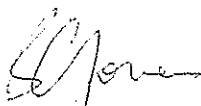
I am replying to your letter of 26 May 2015 about the possibility of a Fellowship for Gender Reassignment Surgery for a young surgeon, as a longer term option for providing gender reassignment surgery in New Zealand.

I apologise for the oversight that has led to considerable delay in response; the fact that you have not yet received a reply only very recently came to light. Your letter initiated much internal discussion within the Ministry. Dr Don Mackie (Ministry of Health Chief Medical Officer) also spoke at the time to John Keneally at Counties Manukau DHB about the suitability of a particular plastic surgery trainee for such a Fellowship.

With regard to continuing to provide gender reassignment surgery for New Zealanders, the Ministry's priority at present is to help DHB specialists identify surgeons overseas to whom they can refer. Consideration will also be given to the option of bringing a surgeon to New Zealand on an intermittent basis, in order to perform the small number of publicly funded surgeries here.

Funding a training Fellowship for a young surgeon, as a way of establishing a practicing gender reassignment surgeon in New Zealand, is considered to be potentially part of a longer term solution. Unfortunately, at present there is no funding available for such a Fellowship and there are additional considerations regarding the ability to provide an adequate caseload for a new surgeon in New Zealand. Nevertheless, such a Fellowship is an option that the Ministry will continue to keep in mind in regards to gender reassignment surgery.

Yours sincerely



Dr Bryn Jones
Acting Chief Medical Officer

cc. Peter Walker



NEW ZEALAND ASSOCIATION
of Plastic Surgeons

15 June 2016

Dr Andrew Simpson
Acting Chief Medical Officer
Ministry of Health
PO Box 5013
Wellington

Dear Dr Simpson

Fellowship for Gender Reassignment Surgery

I am following up on the letter from the Ministry dated 28 April 2016 from Dr Bryn Jones regarding the establishment of a Fellowship for Gender Reassignment Surgery.

We are pleased that the Ministry considers establishing a Fellowship as a potential part of a longer term solution to meet the needs of this patient group but are disappointed that there has been limited progress since we wrote in May 2015. Council discussed the potential option being considered - bringing a surgeon in from overseas on an intermittent basis to perform the small number of publicly funded operations here. This option is not supported by the Association for the following reasons:

- management of complications and aftercare for these patients (our experience is that these can occur over a longer duration than a visit and would require New Zealand resident surgeons to be involved in resolution and ongoing management)
- difficulties associated with registration for this surgeon in New Zealand
- issues with credentialing

The Association believes that it is difficult to quantify the unmet need for this type of surgery in New Zealand. If gender reassignment surgery and ongoing support were offered (and funded) in New Zealand, using well established techniques, there is likely to be an increase in referrals. This would provide a bigger case load for a New Zealand based surgeon. This person would also perform other aspects of plastic and reconstructive surgery as part of their role in a District Health Board.

Please do not hesitate to contact me if you would like further information or assistance from the Association on this issue.

Regards

Sally Langley
President of the New Zealand Association of Plastic Surgeons

Cc Peter Walker