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4 April 2018

Jem Traylen
fyi-request-7441-9d24b510@requests.fyi.org.nz

Dear Jem

Re: Official Information (OIA) request - Transgender Health Care – Regional Project

Thank you for your OIA request on 13 March 2017 regarding the Auckland regional transgender healthcare project. Our responses are listed below following each question. Appendices A-D are also **attached**.

1. Please confirm the best sources of publicly available information, including mailing lists and spokespeople etc.

- Auckland DHB website: http://www.adhb.health.nz/about-us/our-community/transgender-health-services-for-the-northern-region/
- Healthpoint: https://www.healthpoint.co.nz/public/sexual-health/northern-region-transgender-health-services/
- To join the Transgender Health mailing list, email the Project Manager on Duncan.matthews@waitematadhb.govt.nz
- Spokespeople:
  - Media spokesperson: Dr Margaret Wilsher, Chief Medical Officer for Auckland DHB.

2. Please confirm the current details of the project organisation including staff and community reps, meeting arrangements, terms of reference, reporting requirements etc.

- Clinical Lead Dr Jeannie Oliphant reports to Dr Margaret Wilsher, CMO, Auckland DHB.
- Project Manager Duncan Matthews reports to Ruth Bijl, Funding and Development Manager – Child, Youth and Women, Auckland DHB and Waitemata DHB, Planning, Funding and Outcomes Team.
- The membership of the Northern Region Transgender Clinical and Consumer Advisory Group (NRTCCAG) is provided in Appendix A.
- The Terms of Reference for NRTCCAG is provided in Appendix B. This includes information on meeting arrangements.
- Normal DHB reporting requirements exist for this project, with usual line-management arrangement and any significant decisions made by the person with the requisite delegated authority. This may be the relevant Director of Funding, Chief Executive/s, Board Committee/s, or the DHB Boards, and/or Regional Executive Groups. In some situations, the Ministry of Health and/or Minister may be the entity with the requisite delegated authority.

3. **Please provide copies of any significant reports produced by this project during the last 12 months**
    - Please see 'Health Pathways' and Work Plan attached in Appendix C.

4. **Please provide copies of meeting agenda from the last twelve months.**
    - Please see attached in Appendix D.

I trust this response satisfies the terms of your request.

Yours sincerely

Dr Debbie Holdsworth
Director Funding
Waitemata District Health Board

Appendix A – NRTCCAG membership

- Chair: Dr Jeannie Oliphant (Clinical Lead Transgender Health)
- Secretariat: Duncan Matthews (Project Manager Transgender Health)
- Lorraine Bailey (Funding, Planning and Outcomes, Auckland and Waitemata DHB)
- Julia Burgess Shaw (Youth Health Service Development Manager, Counties Manukau Health)
- Dr Val Yeung (Turu Ora)
- Dr Susan Moller (GP)
- Joe Macdonald (Kāhui Tū Kaha)
- Mo Harte (HealthWEST)
- Taine Polkinghorne (Human Rights Commission)
- Dr Rachel Johnson (Centre for Youth Health)
- Peter Thomas (Tangata whenua)
- Shannon White (member Ahakoa Te Aha)
- Phylesha Brown-Acton (Pasefika LGBTQI Whanau Ora - F'INE)
- Mr John Kenealy (Auckland Regional Plastic Surgery)
- Lyndon Moore (Auckland Regional Sexual Health Service)
- Dr Mike Roberts (Northland DHB)

Appendix B – NRTCCAG Terms of Reference

Terms of Reference for the Northern Region Transgender Clinical and Consumer Advisory Group
19th June 2017

This document This document details the terms of reference for the Northern Region Transgender Clinical and Consumer Advisory Group.

Purpose: The Northern Region Transgender Clinical and Consumer Advisory Group has the following purposes:

- To develop and track a work plan for Transgender Health in the Northern Region.
- To prioritise areas of the work plan given available levels of funding and resourcing.
- To provide feedback from a clinical and consumer point of view to the Transgender Health team.
- To provide advice to Planning and Funding on service development and change opportunities across the care continuum.
- To review, improve, and monitor referral pathways.
- To review, improve and monitor consumer information and consumer satisfaction.
- To provide six monthly performance reports to the lead DHB.

Scope The Northern Region Transgender Clinical and Consumer Advisory Group (the Advisory Group) will provide oversight of the development of Transgender services in the Northern region. The Advisory Group will review performance management of the Northern region Transgender services. Advice to the lead DHB on service change opportunities is to be provided either on request or where there is an opportunity to improve service performance within existing resource levels.

The Advisory Group will work to develop relationships with people in Transgender communities, with clinicians who work with Transgender people, and with those whom need information to make informed decisions about the provisioning and funding of services for Transgender people in the Northern Region.

The Advisory Group will not represent the Northern region in any National processes unless approval is given by the lead DHB.

Reporting Structure The Advisory Group will report to the lead DHB, Waitemata DHB.

Waitemata DHB will be responsible for provision of any subsequent reporting to the Northern region DHBs or to DHB Boards.

Composition

The following will be represented on the Advisory Group:

1. Transgender Clinical Lead (Chair)
2. WDHB
3. CMDHB
4. NDHB
5. ADHB
6. Youth Physician
7. Consumers
8. Māori
9. Pacific Peoples
10. Primary care
11. Clinicians
12. Project Manager (ex officio)

A member may represent more than one of the membership roles (such as WDHB and Youth Physician). Membership will not be delegated. If a member is unable to attend the meeting they may make comments prior to the meeting in writing to be tabled through the Chair. Comments to be tabled must be received by the Chair at least three working days prior to the meeting.

Membership will be reviewed at each anniversary, or as necessary.

Quorum

A quorum will require the attendance of six members. As a minimum one clinical, two DHB and one consumer must be present.

Chair

The Chairperson is to be Clinical Lead Transgender Health, Dr Jeannie Oliphant. The Chairperson may seek external advice should they so determine. At the 12 month review point, the Advisory Group will have an opportunity to provide feedback on the continuing role of Chairperson of the NRTCCAG.

In the event the Chair is not able to attend the meeting the Funding Manager will chair the meeting.

If consensus cannot be achieved, the Chair will make final decisions regarding any recommendations of the group.

Reporting

Minutes shall be distributed to:

- Northern Region Transgender Clinical and Consumer Advisory Group (NRTCCAG) members.

A six monthly performance report will be produced. The draft report will be produced by Planning and Funding with input from NRTCCAG members as required. Draft reports will be considered and approved for finalisation by the NRTCCAG. Final reports will be provided to the designated Funding manager from the lead DHB. The designated Funding manager from the lead DHB will be accountable for reports to the other northern region DHBs and to Boards. A score card will be developed and approved by the advisory group, which will define routine reporting items and frequency.

Data will be shared within the governance group. This data is shared for the purpose of service improvement and other programme monitoring purposes. In order to be fully effective, members agree to treat this information with respect and not use it for any reason other than service or programme improvement. The use of requests for information obtained under the Official Information (OIA) Act will not be used by the group or their member organisations. Rather requests for information will be brought to and agreed by the group.

Meeting frequency

The committee shall meet monthly for the first six months, then bi-monthly or quarterly thereafter.

Term

It is intended that the Advisory Group be an on going component of services for Transgender People in the Northern Region.

At each anniversary of the group, or as required, a review of the composition and function of the Advisory Group will take place.

Minutes and agendas

Minutes will be taken and distributed within 5 working days of the meeting.

Agendas will be distributed at least four working days before the next meeting.

Items for the agenda must be with the Transgender Health Project Manager from Waitemata DHB seven days before the next meeting. The Chairperson approves all items for inclusion on the meeting agenda.

Member requirement

To be eligible to be a representative on the Advisory Group, a member must meet one or more of the below criteria:

- Currently work in a field related to the health and wellbeing of Transgender People in the Northern Region.
- Have lived experience of being Transgender and accessing healthcare services (Transgender related) in the Northern Region in the last 10 years.
- By exception, someone who was worked closely alongside a Transgender person in supporting them to access related healthcare in the Northern Region may be considered. For example, a parent.

Priority will be given to those who have been receiving or involved in Transgender related healthcare services in the Northern Region for two or more years.

All members should ensure that they read the minutes and papers and where appropriate consult within your respective constituents.

Members agree to attend a minimum of 70% of meetings in any given year. Member attendance will be reviewed annually.

Confidentiality

Members of the Advisory Group understand that they may have access to documents or other information that is confidential in nature. This could include (but is not limited to): patient related information; performance or other service evaluation information internal to the DHB; or information about the contracting or service provision of new or existing services.

Advisory Group members agree to keep this information confidential, and only use it for its intended purpose of contributing to the Advisory Group.

Conflict of Interest

The members of the Group should perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. Proper observation of these principles will protect them and will enable public confidence to be maintained.
When members believe they have a conflict of interest on a subject which will prevent them from reaching an impartial decision or undertaking an activity consistent with the group's functions, then they must declare a conflict of interest or absent themselves from the discussion and/or activity.

*Transgender – This term is used as a generic word which acknowledges the diversity of terms that people may use to describe themselves. This can include (but is not limited to): Aikāne, Akava'ine, Fa'afafine, Faafatama, Fafafine, Fakaleiti, Māhū, Trans, Transsexual, Genderqueer, Whakawahine, Tangata ira tane, Vakasalewalewa, Palopa.

Appendix C – Health pathways

Gender Diversity and Transgender Health

Related Topics

Migrant and Refugee Services

This pathway provides advice about gender-affirming healthcare for people of all ages.

About gender diversity and transgender health

About gender diversity and transgender health

- For some people, their sex assigned at birth is different to their gender identity.
- Gender identity is the personal sense of self as a gendered individual.
- Respecting a gender diverse person means respecting their gender identity and not referring to them based on their assigned sex.
- Gender diverse is used here as an umbrella term that is inclusive of (and not limited to) culturally specific terms e.g., takatāpui, whakawahine, tangata-ira-tane, fa'afafine, fakaleiti, vakasalewalewa, transgender, transman, transwoman, non-binary, gender fluid, gender queer, bigender. Transgender is also often used as an umbrella term.
- Terminology:
  - Transgender

    Transgender

    A person whose gender identity is different to the sex assigned at birth.
  - Cis gender, cis

    Cis gender, cis

    A person whose gender identity is aligned with the sex assigned at birth.
  - Gender dysphoria

    Gender dysphoria

    - The distress caused by a discrepancy between a person's gender identity and their assigned sex, and the associated gender role or primary and secondary sex characteristics.
    - Not all trans and gender diverse people experience gender dysphoria.
  - Intersex

    Intersex

    - A person born with sexual and reproductive anatomy that does not fit the typical definitions of female or male.
    - Describes a wide range of natural body variations.

        - Intersex people may be assigned a sex at birth that does not align with their gender identity, and may seek gender affirming healthcare.
        - Intersex people may or may not identify as transgender or gender diverse.

    - ⊟ Gender affirmation or gender transition

      Gender affirmation or gender transition

        - The process of using medical or surgical intervention to:
            - affirm the individual's gender identity.
            - increase their comfort with their physical and emotional embodiment.
        - Gender transition involves medical intervention for many, but not all, gender diverse people.
        - Transition is also a social, legal, and spiritual process that is unique to that individual and their needs.

Assessment

Practice Point!

Social stigmatisation and discrimination, including within the health care system, is a barrier to accessing health services and contributes to adverse outcomes.

1. Ask the patient about:
    - their preferred ⊟ pronoun, name, title, and ⊟ gender identity description. Enter the patient's self-identified name and gender into the clinical records.

      Gender identity description

        - How does the patient identify? Male, female, transman, transwoman, takatāpui, whakawahine, tangata-ira-tane, fa'afafine, fakaleiti, non-binary, gender fluid, gender queer, bigender or a different identity. Patients may identify with more than 1 category.
        - What sex or gender was assigned at birth e.g., male or female.
        - Asking if a person is intersex or has intersex traits may be relevant.

      Pronoun

        - Pronouns (e.g., he, she, they, them) can be a sensitive issue for some people.
        - Some people may need a private space in which to answer questions.
        - People present at different stages of social transition so responses from the same person may change over time.
        - Ensure all staff are aware of how to ask sensitively about preferred pronouns e.g.,
            - Hi my name is ..... What do you call yourself?
            - What pronoun, like "he, she, they", would you like this team to use when referring to you?
    - ⊟ history.

History

- Ask the patient about:
    - how they would describe their gender to others and duration of awareness.
    - what supports they would like to access.
    - who is supporting them with their gender identity.
    - how comfortable they are with currently living in the gender they identify with.
    - prescribed and non-prescribed medications including self-medicating with hormones.
    - past medical history.
    - drug and alcohol history.
    - sexual health and risk activity for STI or blood borne virus (BBV).
    - mental health conditions e.g., depression, anxiety.

Typical changes from anti-androgens (varies for each person)	
Average timeline	Effect of anti-androgens
1 to 3 months after starting anti-androgens	▪ Decrease in sex drive ▪ Fewer instances of waking up with an erection or spontaneously having an erection. Some trans women also have difficulty getting an erection even when they are sexually aroused. ▪ Decreased ability to make sperm and ejaculatory fluid
Gradual changes, taking at least 2 years	▪ Slower growth of facial and body hair ▪ Slowed or stopped balding ▪ Slight breast growth (reversible in some cases, not in others)
Typical changes from oestrogen (varies for each person)	
Average timeline	Effect of oestrogen
1 to 3 months after starting oestrogen	▪ Softening of skin ▪ Decrease in muscle mass and increase in body fat ▪ Redistribution of body fat to a more feminine pattern ▪ Decrease in sex drive ▪ Fewer instances of waking up with an erection or spontaneously having an erection. Some trans women also find their erections are less firm during sex, or can't get erect at all. ▪ Decreased ability to make sperm and ejaculatory fluid
Gradual changes, taking 1 to 2 years	▪ Nipple and breast growth ▪ Slower growth of facial and body hair ▪ Slowed or stopped balding ▪ Decrease in testicular size
Typical changes from testosterone (varies for each person)	
Average timeline	Effect of testosterone
1 to 3 months after starting testosterone	▪ Increased sex drive ▪ Vaginal dryness ▪ Growth of clitoris, typically 1 to 3 cm ▪ Increased growth, coarseness, and thickness of hairs on arms, legs, chest, back, and abdomen ▪ Oilier skin and increased acne ▪ Increased muscle mass and upper body strength ▪ Redistribution of body fat to a more masculine pattern (more fat around the waist, less around the hips)

        - Include Heeadsssss psychosocial assessment for all young people to identify risks and resiliencies.

    - suicidal ideation and intent and screen for self-harming behaviours. Gender diverse people are at higher risk of developing anxiety and depression. In a mental health emergency with immediate risk, request emergency department assessment or call 111 if immediate assistance is required.

      Suicidal ideation and intent

      There are no absolute predictors of suicide and different practitioners may categorise risk differently.

        - Suicide risk is dynamic. If circumstances change or there is an escalation in thinking or behaviours, reassessment is necessary.
        - High alert indicators:
            - A plan with or without preparation or a recent attempt
            - Current hopelessness or intense anger
            - Isolation, inability to identify supports
            - Inability to identify reasons for living
            - Indirect references to own death
            - Recent loss of an important interpersonal relationship
            - Substance use or in the process of withdrawal. Intoxicated patients are more disinhibited, which may lead to impulsive, high-lethality attempts.
        - Deliberate self-harm is often a coping mechanism to reduce emotional intensity:
            - Use a harm reduction model for deliberate self-harm.
            - Avoid stigmatising the behaviour, which can cause the person to go to greater lengths to hide it.

2. Discuss the patient's goals and needs.

   Goals and needs

   Do not assume that all transgender people want to conform to binary gender norms. Gender diverse people may identify as binary or non-binary. Each person's gender expression (how they present to the world) is unique. Discuss individual transition goals which may include:

    - support around social transition.
    - family/whānau support.
    - hormonal treatments.
    - vocal therapy.
    - genital-affirming surgical interventions.
    - initial and ongoing psychological support.

3. If hormones may be part of the patient's treatment plan:

- Discuss treatment effects and manage expectations of hormonal therapy to enable informed treatment decisions.

  Treatment effects

  The physical changes from hormonal treatment occur gradually over 1 to 2 years, with the degree of change and timeline of effects being highly variable.

- Assess for precautions to hormonal treatment.

  Precautions to hormonal treatment

  - Current or recent smoker
  - Heart failure, cerebrovascular disease, coronary artery disease, atrial fibrillation (AF)
  - History or family history of venous thromboembolism (VTE)
  - Cardiovascular risk factors – Body mass index (BMI) > 30, hyperlipidaemia, hypertension
  - Migraine
  - History of hormone-sensitive cancers e.g., breast, prostate, uterine, testicular
  - Possible drug interactions
  - Sleep apnoea
  - Some intersex disorders of sex development (DSD) conditions

- Arrange investigations:

  - Baseline tests before feminising therapy

    Baseline tests before feminising therapy

    - Blood test – FBC, LFT, renal function, HbA1c, non-fasting lipids, prolactin, LH and FSH, testosterone.
    - If clinically indicated, karyotype.
    - Blood pressure, height, weight, and BMI.

  - Baseline tests before masculinising therapy

    Baseline tests before masculinising therapy

    - Blood tests – FBC, LFT, renal function, HbA1c, non-fasting lipids, LH and FSH, oestradiol, testosterone.
    - Urine HCG if appropriate. Testosterone is contraindicated in pregnancy.
    - Blood pressure, height, weight, and BMI.

Management

Timely and appropriate management reduces the risk of self-harm and suicidal intent, and is associated with better health outcomes.

1. Provide patient information and support. Provide specific support to:

- young people.

  Young people

  - Always discuss confidentiality and privacy at the beginning of the consultation.

    Confidentiality and privacy

    Defining the limits of confidentiality is very important when caring for young people. Advise the patient that:

    - their information will be kept private and confidential within the treating team, unless there are concerns for safety or they consent to sharing information.
    - if safety concerns are raised, others may need to be involved. Promising not to tell can place people in an unsafe situation.
    - parents or caregivers do not have access to their health information.
  - See all young people on their own for at least part of the consultation to enable full disclosure.
  - Puberty blockers have a positive impact on future well-being. Refer promptly.
  - Families and whānau need information and support.
  - Gender diverse young people may not have the support of their parents or guardians but this does not preclude them from receiving support and care.
  - Assess for risks around abuse, bullying, drug and alcohol risk taking, sexual health, and mental health concerns.
  - Provide assistance with family or carer conflict, and domestic violence.
  - If there are urgent mental health concerns, request acute child and youth mental health assessment. If concerns are less acute, strongly consider referral to a primary health service e.g., school pastoral care teams and community counsellors.

    Primary health service

    - School pastoral care teams
    - Community counsellors
    - PHO

      Auckland region PHO contact numbers

      - Alliance Health Plus
        - Phone **(09) 588-4260**
        - Fax **(09) 588-4270**
      - Auckland PHO
        - Phone **(09) 379-4022**
        - Fax **(09) 379-4024**
      - Comprehensive Care PHO

            - Phone **(09) 415-1091**
            - Fax **(09) 415-1092**
        - East Health Trust
            - Phone **(09) 538-0599**
            - Fax **(09) 535-5908**
        - National Hauora Coalition
            - Phone **(09) 950-3325**
            - Fax **(09) 950-3326**
        - ProCare Psychological Services
            - Auckland and Waitemata District Health Boards, phone **(09) 375-7761** or fax **(09) 623-0380**
            - Counties Manukau Health, phone **(09) 262-1480** or fax **(09) 262-1484**
        - East Tamaki HealthCare
            - Phone **(09) 274-7823**
            - Fax: **(09) 265-4922**
    - Young people may benefit from being linked into supportive peer groups.
- older adults.

  Older adults

    - These patients may have experienced discrimination, non-acceptance, and significant barriers to healthcare for a long time.
    - There is no upper age limit to starting hormone therapy. Use an individual risk assessment and discussion on likely benefits to guide an informed consent process.
    - Cognitive impairment and chronic disease may require a multidisciplinary approach including primary care, endocrinology, and geriatric medicine, as well as other speciality input.
    - Offer to act as an advocate if the patient is
        - receiving support within the aged-care system.
        - resident in an aged care facility.

2. If there are urgent mental health concerns:
    - if aged > 18 years, request acute specialised adult mental health assessment.
    - if aged ≤ 18 years, request acute child and youth mental health assessment.
3. If there is no urgent mental health risk but significant issues have been identified, refer to an appropriate primary health service or secondary health service. If secondary health service:

   Primary health service

- School pastoral care teams
- Community counsellors
- PHO
- if aged ≥ 18 years, request non-acute specialised mental health assessment.
- if aged < 18 years, request non-acute child and youth mental health assessment.

4. Northern Region Transgender Health Services provide specific support if:
   - the patient requires further support to explore gender identity.
   - there is doubt about the patient's ability to consent.
5. Discuss:
   - lifestyle changes to reduce any cardiovascular risks associated with hormone treatments e.g., smoking cessation, weight loss, hypertension, diabetes.
   - referral to Community Alcohol and Drug Services (CADS) if drug or alcohol problems.

     Community Alcohol and Drug Services (CADS)

     - Drop-in clinics are open from 10.00 am to 1.00 pm at all CADS sites.
     - eReferral – Addiction Services. Use free text box to request specific service.
     - CADS Counselling Services for advice and support about any substance abuse issues.
     - Auckland Opioid Treatment Service if opioid dependent.
     - Altered High for youths aged 13 to 19 years.
     - Medical Detoxification services for in- or out-patient detoxification from other drugs or alcohol.
       - Phone CADS on **(09) 845-1818.**
       - Contact Detox services, phone **(09) 815-5830** ext. **5028.**
     - Contact the 24-hour on-call medical officer, phone **021-784-288.**
   - school or work environment.
6. Ensure appropriate cancer screening according to National Guidelines.

   Cancer screening

   - Gender diverse people who have not undergone the surgical removal of breasts, cervix, uterus, ovaries, prostate, or testicles remain at risk of cancer in these organs.
   - Manage this carefully, as many gender diverse people find cancer screening physically and emotionally challenging.
7. Discuss gamete cryopreservation, as hormonal therapy may affect future fertility.

   Gamete cryopreservation

   - Discuss the patient's desire for fertility preservation.

- Decisions are best made before starting hormone therapy, or undergoing surgery to reproductive organs.
- For patients on feminising therapy, testicular volume is greatly reduced by long-term oestrogen use impacting on the maturation and motility of sperm.
- Patients on masculinising therapy who retain their ovaries and uteri may regain fertility after stopping testosterone. The likelihood of successful pregnancy is related to the person's age and duration of hormonal treatment.
- Testosterone is contraindicated in pregnancy and not recommended while breastfeeding as it inhibits lactation.
- Northern Region Transgender Health Services will arrange funded sperm cryopreservation through FertilityPlus.
- Advise patients to avoid tucking for 5 days before producing sperm for storage.

8. Provide information on non-medical body interventions.

Non-medical body interventions:

Safe binding

Safe binding

Flattening the breast tissue in order to create a male-appearing chest. Materials and methods will vary depending on chest size.

- There is no universal binding method because everyone is shaped differently.
- Provide patient advice:
  - Bind for less than 8 hours a day to avoid skin irritation, tissue breakdown, back pain, and breathing problems.
  - Always take the binder off before sleep and exercise.
  - Never use duct tape or Ace bandages to bind as they can restrict breathing and movement.
  - Stop binding if experiencing pain.
  - Purchase a binder made specifically for the task.

Binder types include vest style, sports-bra style, mid-length style, and long shirt style.

Tucking

Tucking

Gently pushing testicles up inside the body and pulling the penis back in between the legs.

Provide patient advice:

- Use tight-fitting underwear or surgical tape to hold in place. Do not use any other tape as skin could peel off when removed.
- Cut pubic hair short to help with tape removal.
- Spend some time each day without tucking to avoid chafing, sores, and lower sperm count. The latter is important to consider if they want to have a child.

Packing

Packing

Using a prosthetic penis, also called a packer.

- A packer may:
  - help reduce body dysphoria.
  - be used to aid urination while standing.
  - be used for sexual intercourse.
  - help being identified as a male, especially in a gym or swimming pool.
- A packer is held in place by tight-fitting underwear or a harness.
- If the packer is used for sexual penetration, advise the patient to use a condom.

Padding

Padding

Using undergarments to create the appearance of larger breasts, hips, and buttocks.

- A safe alternative to silicone injections.
- May help to reduce body dysphoria and improve the way clothing fits.
- Products include:
  - padded underwear.
  - padded bras, bras with pockets, and silicone gel breast forms.

9. Refer young people promptly to Northern Regional Transgender Health Services.

Young people

Patients aged < 8 years

- Require support only for parents, carers, and child.
- Allowing the child to live in their identified gender may relieve distress.
- Encourage families to access online support and information.
- If there are high levels of distress, refer to Northern Region Transgender Health Services for assessment. Children will be triaged to be seen at the Centre for Youth Health.
- If unsure, contact the Centre for Youth Health for advice.

Patients aged ≥ 8 years, approaching puberty

- In early adolescence (children aged > 10 years or Tanner stage 2) it may be appropriate to suspend puberty with GnRH blockers.
  - This is a reversible intervention to delay the development of secondary sexual characteristics.
  - Refer to Northern Region Transgender Health Services for assessment. Those in early adolescence will be triaged to be seen at the Centre for Youth Health.

- Medication to suppress menstruation to relieve distress may be required. Start before, or at the same time as, referral.

  Suppress menstruation

  - Norethisterone (Primolut N) 5 mg, 2 to 3 times a day
  - Combined oral contraceptive pill
  - Depo Provera
  - GnRH analogues (puberty blockers)

Patients aged ≥ 16 years

- Cross-sex hormone therapy to masculinise or feminise the body usually begins at aged ≥ 16 years.
- Refer to Northern Region Transgender Health Services to assess readiness for hormones before starting treatment. Referrals will be triaged to Centre for Youth Health or Auckland Regional Sexual Health Service depending on age.

10. Refer adults to Northern Region Transgender Health Services for support around medical transition if needed.

    - Feminising therapy

      Feminising therapy

      - Consider whether a GnRH blocker is needed. This is recommended to prevent full pubertal changes.
      - Note that the Zoladex implant (goserelin) is currently the sole subsidised supply brand but that Lucrin (leuproprelin) is fully subsidised for adolescents with specialist endorsement.
      - If not commencing a GnRH blocker, start with an anti-androgen agent e.g. cyproterone 25 mg or spironolactone. If starting on spironolactone, check electrolytes, urea, and creatinine after 1 to 6 weeks.
      - Add oestradiol valerate e.g.:
        - Progynova 1 mg daily.
        - Estradot 50 microgram every 24 hours (change patch twice a week), measure oestradiol 48 hours after application and before applying the new patch.
        - These are suggested starting doses, which may need to be increased according to the patient context and biochemical levels achieved with therapy.
      - Progesterone therapy is not recommended as it is associated with cardiovascular disease, breast cancer, weight gain, and depression. There is no evidence that it enhances breast development.
      - Biochemical targets:
        - Testosterone < 2 nmol/L
        - Oestradiol – Titrate dose gradually to achieve feminisation. Avoid supraphysiological levels.

- Consent form for feminising hormone therapy

- Masculinising therapy

  Masculinising therapy

  - Consider whether a GnRH blocker is needed. This is useful for period cessation while assessing the desirability of starting testosterone. Testosterone is contraindicated in pregnancy.
  - Discuss testosterone therapy options. Monitoring, initiation, and dose adjustments depend on the testosterone used.
    - Androderm transdermal patch – apply every night.
    - Sustanon 250 mg intramuscular every 3 weeks. Contraindicated if hypersensitivity to peanuts, soya.
    - Reandron 1000 mg intramuscular every 10 to 14 weeks. Administer second dose after 6 weeks to achieve more rapid steady-state levels.
  - Periods usually cease 2 to 3 cycles after commencement of testosterone therapy. If amenorrhea does not occur, consider the addition of a GnRH blocker or Mirena IUD.
  - Consent form for masculinising hormone therapy

- Surveillance for maintenance hormonal therapy.

  Surveillance for maintenance hormonal therapy

  The prescribing and monitoring of maintenance hormonal therapy is best done in primary care as part of the patient's overall care.

  - Surveillance for maintenance feminising therapy

    Surveillance for maintenance feminising therapy

    - Check mental health issues – anxiety, depression.
    - Check blood pressure (BP) and BMI every 6 months.
    - Monitor for cardiovascular risks e.g., smoking.
    - Ongoing investigations:
      - Every 3 to 6 months for first year then at least annually:
        - Blood tests – FBC, renal function, LFT, HbA1C, lipids, oestradiol (avoid supraphysiological levels), testosterone (aim for < 2 nmol/L).
        - Monitor K+ if on spironolactone – 1 to 6 weeks after starting or changing dose.
        - Every 2 years – prolactin (recommended although abnormality unlikely).
      - If major risk factors for osteoporotic fracture are present consider bone density scan (DEXA) testing.

        Major risk factors

        - Aged ≥ 65 years (women) or ≥ 75 years (men)

        - BMI < 20 kg/m^2
        - Family history of osteoporosis
        - Smoking – current
        - Glucocorticoid use – current
        - Early menopause
        - > 2 alcoholic drinks daily
        - History of falls
        - Rheumatoid arthritis
        - History of eating disorders
        - Medical conditions, e.g., hypogonadism (e.g., premature menopause, anorexia, prostate cancer survivors), coeliac disease, hyperthyroidism, COPD, hyperparathyroidism.
        - Medications

          Medications

            - Glucocorticoids – ≥ 5 mg of oral prednisone or equivalent per day, for > 3 months
            - Anticonvulsants
            - Chemotherapy drugs
            - Suppressive doses of thyroxine
            - Lithium
            - Methotrexate
            - Pioglitazone
            - Gonadotropin-releasing hormone agonist
            - Aromatase inhibitors
- Potential complications:
    - Venous thromboembolism (VTE):
        - particularly if aged > 40 years.
        - most common in first 2 years of treatment.
        - reduced risk on transdermal oestrogen.
        - if aged > 40 years or other DVT risks, consider switching to transdermal oestrogen.
    - Cardiovascular disease – adverse lipid profile, hypertension
    - Insulin resistance

        - Liver dysfunction
        - Gallstones
        - Alterations in mood and libido
        - Small risk of osteoporosis, breast cancer, and (rarely) hyperprolactinaemia.

- Surveillance for maintenance masculinising therapy

  Surveillance for maintenance masculinising therapy

    - Check mental health issues – anxiety, depression.
    - Check blood pressure (BP) and BMI every 6 months.
    - Ongoing investigations – Every 3 to 6 months for first year then at least annually:
        - Blood tests – FBC (polycythemia risk), renal function, LFT, HbA1C, lipids, oestradiol, testosterone. Aim for normal male ranges for all hormone levels.
        - If major risk factors for osteoporotic fracture are present, consider bone density scan (DEXA) testing.

          Major risk factors

            - Aged ≥ 65 years (women) or ≥ 75 years (men)
            - BMI < 20 kg/m^2
            - Family history of osteoporosis
            - Smoking – current
            - Glucocorticoid use – current
            - Early menopause
            - > 2 alcoholic drinks daily
            - History of falls
            - Rheumatoid arthritis
            - History of eating disorders
            - Medical conditions, e.g., hypogonadism (e.g., premature menopause, anorexia, prostate cancer survivors), coeliac disease, hyperthyroidism, COPD, hyperparathyroidism.
            - Medications
        - Arrange ultrasound to assess endometrial thickness if vaginal bleeding restarts.
    - Potential complications:
        - Polycythemia – If severe could lead to stroke
        - Adverse lipid profile

- Mood and libido changes
- Obstructive sleep apnoea
- Small risk of liver dysfunction, insulin resistance, cardiovascular disease, endometrial hyperplasia, and osteoporosis

- Once hormonal therapy has been in place for 12 months, consider speech therapy.

  Speech therapy

  - For patients aged ≥ 18 years.
  - Voice therapy can assist patients to achieve a more gender-neutral pitch and modify other aspects of communication.
  - Some patients will choose to undergo voice feminisation surgery.
  - Outcomes are variable. Consult a specialist before surgery to protect vocal health and maximise the benefit.

11. If patient is aged ≥ 18 years and desires publicly-funded genital or non-genital reassignment surgery, refer to Northern Region Transgender Health Services to assess readiness for surgery.

    Genital or non-genital reassignment surgery

    - Availability and cost are significant issues within New Zealand. Some gender-affirming surgery is publicly funded in Auckland:
      - Chest surgery:
        - Breast augmentation (feminising) for patients with no demonstrable breast development after an appropriate time on hormones.
        - Chest reconstruction (masculinising) for transmen.
      - Facial feminisation
      - Hysterectomy
      - Salpingo-oophorectomy
      - Orchidectomy
    - Publicly funded genital reassignment surgery

      Publicly funded genital reassignment surgery

      - The Ministry of Health funds 1 female-to-male and 3 male-to-female operations every 2 years, all performed overseas.
      - Applications are made by DHB specialists to the Ministry of Health High Cost Treatment Pool.
      - Further information about criteria for eligibility for surgery can be found at the Ministry of Health website.
      - There is currently a very long waiting list for this surgery.
      - To place someone on the waiting list, contact Dr David St George, Chief Advisor, Ministry of Health, via email david_stgeorge@moh.govt.nz.

12. Continuing support and care.

Continuing support and care

- Ensure changes in name and gender markers are made in the practice system. Contact the Ministry of Health to update the NHI.

  Changes in name and gender markers

  - Electronic and paper medical records must clearly indicate the patient's self-identified name and title.
  - Ministry of Health advice is for the NHI to reflect the name and gender of choice. There is no requirement for individuals to provide proof of their gender to support the information recorded in the NHI gender field. A preferred name can be recorded against the NHI also. Contact the Ministry of Health, phone **0800-855-151**, to make these changes.
  - Updating the NHI is important for the self-identified name and gender to be reflected in other health services. Do this only if the patient agrees.

- Offer continuity of care and support, and advocate for patients within their families and communities. Provide patient information.
- Agree to an ongoing plan of care.

  Plan of care

  - If the patient is under specialist services, a plan of care will be established to allow ongoing prescribing and monitoring of therapy.
  - Refer back to the specialist service if:
    - biochemical targets cannot be reached or maintained.
    - the patient wishes to discuss additional therapeutic choices.
    - complex comorbidities or complications of therapy develop.
    - surgical intervention is planned.

- Respect confidentiality in referrals to other health professionals, unless it is clinically necessary to disclose information about their previous transition.
- Patients who are trans or gender diverse experience the same health problems as other patients, and have very few differing needs, particularly after completion of treatment for gender dysphoria.
- Promote LGBTQI+ inclusive behaviour by staff, including displaying public health messages that are inclusive of gender diversity.

Request

- If there is immediate danger call police on **111**.
- If there are urgent mental health concerns:
  - if aged > 18 years, request acute specialised adult mental health assessment.
  - if aged ≤ 18 years, request acute child and youth mental health assessment.
- If no urgent mental health risk but significant issues have been identified, refer to an appropriate primary health service or secondary health service. If secondary health service:

  Primary health service

- School pastoral care teams
- Community counsellors
- PHO
- if aged ≥ 18 years, request non-acute specialised mental health assessment.
- if aged < 18 years, request non-acute child and youth mental health assessment.

- Request assessment by Northern Region Transgender Health Services:

  Northern Region Transgender Health Services

  Referrals will be triaged to be seen at the Centre for Youth Health or Auckland Regional Sexual Health Service depending on age and domicile.

  Send request via:

  - eReferral – Sexual Health Services or, if unavailable,
  - fax to **(09) 630-9783**. Clearly state the reason for not sending the request electronically.
  - if the patient requires further support to explore gender identity.
  - if there is doubt about the patient's ability to consent.
  - for prompt access to puberty blockers for young people.
  - for support around medical transition if needed, for all ages.
  - if aged ≥ 16 years for readiness for hormone treatment.
  - if aged ≥ 18 years for advice and assessment for publicly-funded genital or non-genital reassignment surgery.
  - if high levels of stress.

- If drug or alcohol problems, request Community Alcohol and Drug Services (CADS) assessment.

  Community Alcohol and Drug Services (CADS)

  - Drop-in clinics are open from 10.00 am to 1.00 pm at all CADS sites.
  - eReferral – Addiction Services. Use free text box to request specific service.
  - CADS Counselling Services for advice and support about any substance abuse issues.
  - Auckland Opioid Treatment Service if opioid dependent.
  - Altered High for youths aged 13 to 19 years.
  - Medical Detoxification services for in- or out-patient detoxification from other drugs or alcohol.
    - Phone CADS on **(09) 845-1818.**
    - Contact Detox services, phone **(09) 815-5830** ext. **5028.**
  - Contact the 24-hour on-call medical officer, phone **021-784-288.**

- After 12 months of hormonal therapy, consider requesting adult speech language therapy assessment.

- If uncertain how to manage younger patients, seek advice from the Centre for Youth Health, phone **(09) 261-2272**.

Information

Clinical Resources

- ANZPATH
- Asia Pacific Transgender Network
- Kidz First:
  - Centre for Youth Health
  - Useful links
- Ministry of Health – Gender Reassignment Health Services for Trans People within New Zealand
- Northern Region Transgender Health Services:
  - Consent Form for Feminising Hormone Therapy
  - Consent Form for Masculinising Hormone Therapy
- Royal NZ College of General Practitioners – Practice Audit: Inclusive Primary Health Care for Gender Diverse Clients
- World Professional Association for Transgender Health – Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People.

Patient Information

- Gender Minorities Aotearoa
- Human Rights Commission:
  - Fact Sheet
  - To be Who I am
- Ministry of Health – Gender Reassignment Surgery
- Outline NZ
- Rainbow Youth

Northern Region Transgender Health Work Plan 2017

Target area	Priority	#	Description	Actions	Stakeholders	Timeframe* (indicative)	Measure
Every door is the right door	1	1.1	Develop and implement a regional plan for key workers.	- Define scope of work - Investigate delivery models/options - Define reporting arrangements - Write business case for funding approval - Tender and contracts (if required)	NRTCCAG Clinical Lead Funding and Planning Specialist/NGO service providers	Services to begin in 2018/19 FY	Transgender people are able to meet with a key worker within 2 weeks of referral.
	1	1.2	Develop and increase accessibility to wider support, including (but not limited to): - counselling services - youth services - wrap around support services - peer support programme (Note: Accessiblity includes free options)	- Define scope - Support development of expertise around working with complexity for gender diverse patients. - Support development of referral and consult between these services and secondary Mental Health. - Investigate delivery models - Write business case for funding approval - Tender and contracts (if required) - Review paitent acceptability	Clinical Lead, NRTCCAG Funding and Planning NGO, youth service providers	Services to begin in 2018/19 FY	
	2	1.3	Provide tools to Primary Care and other providers (e.g. NGOs, youth services) in supporting Transgender patients, e.g.: - Auckland regional health pathways - Guides on stepped/shared care arangements - PHO learning & development modules - Conference presentations - Health provider education programme that builds on the existing NGO capability	- Understand need from GPs - Develop tools in consultation with GPs - Write business case for Education Programme approval	NRTCCAG Royal College of GPs Metro Auckland Clinical Goverance Forum Funding and Planning PHOs Specialist/NGO service providers	01/01/2018	A measurable decrease in the amount of time that Transgender people remain with the secondary service, before being referred back to Primary Care by 2020.
	2	1.4	Support Transgender community to have access to accurate information, including: - public website with info about transgender services - brochures available through PHO/GP's/NGO's	- Just do it! - Regularly review and update	Clinical Lead NRTCCAG Specialist/NGO service providers	01/08/17	
	3	1.5	Increase accessibility of non-DHB provided services, including (but not limited to): - Laser hair removal	- Understand need - what are people asking for? - Understand what Transgender people are entitled to public funding for, from a legal and human rights point of view. - Scope need/additional capacity - Write business case for funding approval	Clinical Lead, NRTCCAG Funding and Planning		
The Northern Region Transgender Health Services ("The Service")	2	2.1	Develop view of the Service configuration, including: - Age range - Location of clinics - Staffing - Responsiveness to Pacific, Asian and MELAA - Consult Liaison role - Standards of care - Name of service	- Assess need for clinics across the region - Conduct review of FTE required - Write standards of care for NZ (replacing 'Gender Reassignment Health Services for Trans People within New Zealand' (CMDHB, 2012)) - Consult with Pacific, Asian and MELAA - Write business case for funding approval (if needed)	NRTCCAG Funding and Planning NDHB/WDHB/ADHB/CMDHB Māori Health Gains team Pacific Health Gains Asian Health Gains	30/06/2018	
	2	2.2	Work to develop and hold a kaupapa Māori approach at the centre of the Northern Region Transgender Health Services, for the benefit of Māori and non-Māori.	- Understand what a kaupapa Māori approach would look like - consult local Iwi, Kaumatua, and research. - Develop a model for the Service - Identify current gaps and needed improvement to achieve.	NRTCCAG Funding and Planning Māori Health Gains team Ngāti Whatua, Ngāpuhi, Te Whānau o Waipareira	30/06/2018	
	2	2.3	Establish accurate recording, reporting and evaluation of transgender people in transgender health services	- Define referral/clinical data needed - Compare with existing data captured - Scope needed additional capacity/tools, etc - Write business case for funding approval (if needed) - Develop service/tools	Clinical Lead NRTCCAG Funding and Planning Ministry of Health	01/07/2017	80% of Transgender patients within the Regional Transgender Health Service complete a satisfaction survey.

Area	Priority	No.	Objective	Actions	Responsibility	Timeframe*	Measure
	3	2.4	Align clinical effectiveness (quality) of service provision across ARSHS and CfYH	- Develop shared clinical guidelines, consent forms and patient information - Establish clinical triage process across services - Establish regular MDT meetings - Single referral point for services for GPs - Strengthen multiple entry points for others - Establish joint Clinical Advisory Group across ARSHS and CfYH for service development - Establish patient feedback across ARSHS and CfYH - Establish joint processes to review adverse events	Project Manager NRTCCAG CfYH, ASHS		
Other DHB Secondary Services	2	3.1	Develop regional pathways and criteria for access to transition related surgical services, including (but not limited to): - Chest reconstruction - Gender reassignment surgery - Improving peri-operative care	- Work with clinicians and consumers to develop pathways and criteria. - Scope need/additional capacity - Write business case for funding approval	NRTCCAG General Surgical and Plastic Surgical teams CfYH & ARSHS Ministry of Health	01/01/2019	All people in the Transgender Health Service have a clear understanding of their entitlements, and criteria for accessing surgery/ies. Wait list times for surgery are reasonable.
	3	3.2	Develop regional pathways and criteria for access to secondary services: - Gynaecology - Urology - Endocinology - Fertility - Voice Therapy - Mental Health	- Understand need - what are people asking for? - Understand what Transgender people are entitled to public funding for, from a legal and human rights point of view. - Identify services/procedures pathways and criteria are needed for. - Work with clinicians and consumers to develop pathways and criteria. -Strengthen relationships between secondary Mental Health and ARSHS/CfYH - Scope needed/additional capacity - Write business case for funding approval	NRTCCAG General Surgical and Plastic Surgical teams Endocrine Teams Fertility Advisory Group WDHB Trans Consult Group CfYH & ARSHS Ministry of Health		
Workforce and Infrastructure	2	4.1	Increase competency of new and existing DHB staff working with Transgender people by: - increase number of Transgender people employed at the DHB - Transgender competency training for DHB staff - being responsive to Pacific, Asian and MELAA - Work with tertiary/training institutes and professional bodies to make transgender health part of regular study/certification.	- Establish base guidelines training built off (e.g. WPATH) DHB: - Online learning module for Āwhina - Wider availablity and awareness of rainbow trainings available External to DHB: - Work with professional bodies to understand training requirements and how to influence these. - Scope interest from tertiary providers - Develop targeted plan across tertiary providers and professional bodies - Work in partnership to develop modules	NRTCCAG Funding and Planning Māori Health Gains team Pacific Health Gains Asian Health Gains Affinity Services Professional Bodies Tertiary institutions	30/06/2018	70% of transgender people rate the DHB services they interact with as welcoming and affirming of transgender people.
	2	4.2	Increase competency of new and existing DHB staff working with Takatāpui, Whakawhahine and Tangata ira Tane	- Work with tangata whenua on identifying areas for improvement, and ways to work towards adressing them.	NRTCCAG Funding and Planning Māori Health Gains team Ngāti Whatua, Ngāpuhi	30/06/2018	Māori accessing the Transgender Health Services rate the DHB services they interact with as welcoming and affirming of them.
	3	4.3	Review and update policy and procedures across the four DHBs that support engagement in healthcare for transgender people	- Overall policy on Transgender Inclusiveness for Waitemata DHB - Negotiations for adoption with other three DHBs - Build 'service pack' for easy adoption by DHB services	Clinical Lead, NRTCCAG		
	3	4.4	Maintain a system that allows the capture of knowledge over time as we discuss a a range of topics, e.g. Advice to MoH around recording Identity in the NHI.		Clinical Lead, NRTCCAG		

*timeframe is indicative only. Some items will be dependant on other factors within the DHBs

Northern Region Transgender Health Work Plan 2017

Target area	Priority	#	Description	Actions	Resources	Lead	Stakeholders	Timeframe* (indicative)	Measure	Status update	Next steps
Every door is the right door	1	1.1	Develop and implement a regional plan for key workers.	- Define scope of work - Investigate delivery models/options - Define reporting arrangements - Write business case for funding approval - Tender and contracts (if required)		Project Manager & Clinical Lead	NRTCCAG Clinical Lead Funding and Planning Specialist/NGO service providers	Services to begin in 2018/19 FY	Transgender people are able to meet with a key worker within 2 weeks of referral.	Business first draft complete. Business case now includes Peer Support provision alongside Key Workers.	Conflict of Interest outcome Board paper for approval Tender process
	1	1.2	Develop and increase accessibility to wider support, including (but not limited to): - counselling services - youth services - wrap around support services - peer support programme (Note: Accessiblity includes free options)	- Define scope - Support development of expertise around working with complexity for gender diverse patients. - Support development of referral and consult between these services and secondary Mental Health. - Investigate delivery models - Write business case for funding approval - Tender and contracts (if required) - Review paitent acceptability		Project Manager	Clinical Lead, NRTCCAG Funding and Planning NGO, youth service providers	Services to begin in 2018/19 FY		Peer support component to be included in Key Worker business case.	Need for additional counselling capacity at Sexual Health in NDHB to be scoped.
	2	1.3	Provide tools to Primary Care and other providers (e.g. NGOs, youth services) in supporting Transgender patients, e.g.: - Auckland regional health pathways - Guides on stepped/shared care arangements - PHO learning & development modules - Conference presentations - Health provider education programme that builds on the existing NGO capability	- Understand need from GPs - Develop tools in consultation with GPs - Write business case for Education Programme approval	CL & PM as budgeted. Some costs to be budgeted	Project Manager & Clinical Lead	NRTCCAG Royal College of GPs Metro Auckland Clinical Goverance Forum Funding and Planning PHOs Specialist/NGO service providers	01/01/2018	A measurable decrease in the amount of time that Transgender people remain with the secondary service, before being referred back to Primary Care by 2020.	GP Audit Tool available Health pathways live. Goodfellow, Manaia (NDHB), & Pharmac presentations	
	2	1.4	Support Transgender community to have access to accurate information, including: - public website with info about transgender services - brochures available through PHO/GP's/NGO's	- Just do it! - Regularly review and update	PM as budgeted.	Project Manager	Clinical Lead NRTCCAG Specialist/NGO service providers	01/08/17		Healthpoint page live. Increased information about Transgender Health project on ADHB website. Service Poster developed	Develop service leaflet
	3	1.5	Increase accessibility of non-DHB provided services, including (but not limited to): - Laser hair removal	- Understand need - what are people asking for? - Understand what Transgender people are entitled to public funding for, from a legal and human rights point of view. - Scope need/additional capacity - Write business case for funding approval		Project Manager	Clinical Lead, NRTCCAG Funding and Planning				
The Northern Region Transgender Health Services ("The Service")	2	2.1	Develop view of the Service configuration, including: - Age range - Location of clinics - Staffing - Responsiveness to Pacific, Asian and MELAA - Consult Liaison role - Standards of care - Name of service	- Assess need for clinics across the region - Conduct review of FTE required - Write standards of care for NZ (replacing 'Gender Reassignment Health Services for Trans People within New Zealand' (CMDHB, 2012)) - Consult with Pacific, Asian and MELAA - Write business case for funding approval (if needed)	PM & CL as budgeted. Some costs to be budgeted.	Project Manager & Clinical Lead	NRTCCAG Funding and Planning NDHB/WDHB/ADHB/CMDHB Māori Health Gains team Pacific Health Gains Asian Health Gains	30/06/2018		English name adopted, 'Northern Regional Transgender Health Services' Northland service mapping done.	Working towards adoption of Māori name. Auckland region clinical standards of care to start development in next 2 months. Develop next steps for Northland Service.
	2	2.2	Work to develop and hold a kaupapa Māori approach at the centre of the Northern Region Transgender Health Services, for the benefit of Māori and non-Māori.	- Understand what a kaupapa Māori approach would look like - consult local Iwi, Kaumatua, and research. - Develop a model for the Service - Identify current gaps and needed improvement to achieve.	CL as budgeted	Clinical Lead	NRTCCAG Funding and Planning Māori Health Gains team Ngāti Whatua, Ngāpuhi, Te Whānau o Waipareira	30/06/2018			
	2	2.3	Establish accurate recording, reporting and evaluation of transgender people in transgender health services	- Define referral/clinical data needed - Compare with existing data captured - Scope needed additional capacity/tools, etc - Write business case for funding approval (if needed) - Develop service/tools	PM as budgeted.	Project Manager	Clinical Lead NRTCCAG Funding and Planning Ministry of Health	01/07/2017	80% of Transgender patients within the Regional Transgender Health Service complete a satisfaction survey.	Referrals database set up at Auckland Sexual Health. Recommendation for Patient Information Systems written.	

	3	2.4	Align clinical effectiveness (quality) of service provision across ARSHS and CfYH	- Develop shared clinical guidelines, consent forms and patient information - Establish clinical triage process across services - Establish regular MDT meetings - Single referral point for services for GPs - Strengthen multiple entry points for others - Establish joint Clinical Advisory Group across ARSHS and CfYH for service development - Establish patient feedback across ARSHS and CfYH - Establish joint processes to review adverse events	CL as budgeted	Clinical Lead	Project Manager NRTCCAG CfYH, ASHS			Shared consent forms for hormones adopted. Received quote for Transgender Health Services eReferral, funding approved. Working on shared triage. Transgender Health Services feedback process established.	eReferral in progress. Fund and establish regular MDT meetings across ARSHS and CfYH teams. First MDT between ARSHS and CfYH in November Further work on shared resources and documents for the service (e.g. Welcome pack)
Other DHB Secondary Services	2	3.1	Develop regional pathways and criteria for access to transition related surgical services, including (but not limited to): - Chest reconstruction - Gender reassignment surgery - Improving peri-operative care	- Work with clinicians and consumers to develop pathways and criteria. - Scope need/additional capacity - Write business case for funding approval		Clinical Lead	NRTCCAG General Surgical and Plastic Surgical teams CfYH & ARSHS Ministry of Health	01/01/2019	All people in the Transgender Health Service have a clear understanding of their entitlements, and criteria for accessing surgery/ies. Wait list times for surgery are reasonable.	Rita Yang has started in her capacity as surgeon at Auckland Regional Plastics service.	Work towards agreement on referral criteria in Standards of Care
	3	3.2	Develop regional pathways and criteria for access to secondary services: - Gynaecology - Urology - Endocinology - Fertility - Voice Therapy - Mental Health	- Understand need - what are people asking for? - Understand what Transgender people are entitled to public funding for, from a legal and human rights point of view. - Identify services/procedures pathways and criteria are needed for. - Work with clinicians and consumers to develop pathways and criteria. -Strengthen relationships between secondary Mental Health and ARSHS/CfYH - Scope needed/additional capacity - Write business case for funding approval		Clinical Lead	NRTCCAG General Surgical and Plastic Surgical teams Endocrine Teams Fertility Advisory Group WDHB Trans Consult Group CfYH & ARSHS Ministry of Health			Update to fertility requirements (draft) to be more inclusive of transgender people. Referral pathway to voice therapy in metro Auckland and Northland established.	
Workforce and Infrastructure	2	4.1	Increase competency of new and existing DHB staff working with Transgender people by: - increase number of Transgender people employed at the DHB - Transgender competency training for DHB staff - being responsive to Pacific, Asian and MELAA - Work with tertiary/training institutes and professional bodies to make transgender health part of regular study/certification.	- Establish base guidelines training built off (e.g. WPATH) DHB: - Online learning module for Āwhina - Wider availablity and awareness of rainbow trainings available External to DHB: - Work with professional bodies to understand training requirements and how to influence these. - Scope interest from tertiary providers - Develop targeted plan across tertiary providers and professional bodies - Work in partnership to develop modules	PM & CL as budgeted	Project Manager & Clinical Lead	NRTCCAG Funding and Planning Māori Health Gains team Pacific Health Gains Asian Health Gains Affinity Services Professional Bodies Tertiary institutions	30/06/2018	70% of transgender people rate the DHB services they interact with as welcoming and affirming of transgender people.	Confirmed ability to review current Rainbow training offered at WDHB Confirmed use of Ko Awatea LEARN platform, making the resource available to most DHB's in the country.	Review and draft updated content for training session and Ko Awatea LEARN.
	2	4.2	Increase competency of new and existing DHB staff working with Takatāpui, Whakawhahine and Tangata ira Tane	- Work with tangata whenua on identifying areas for improvement, and ways to work towards adressing them.	PM as budgeted	Project Manager	NRTCCAG Funding and Planning Māori Health Gains team Ngāti Whatua, Ngāpuhi	30/06/2018	Māori accessing the Transgender Health Services rate the DHB services they interact with as welcoming and affirming of them.		
	3	4.3	Review and update policy and procedures across the four DHBs that support engagement in healthcare for transgender people	- Overall policy on Transgender Inclusiveness for Waitemata DHB - Negotiations for adoption with other three DHBs - Build 'service pack' for easy adoption by DHB services	PM as budgeted	Project Manager	Clinical Lead, NRTCCAG			Draft policy for Transgender and Gender Diverse inclusion written.	Establish stakeholders to consult with on policy.
	3	4.4	Maintain a system that allows the capture of knowledge over time as we discuss a a range of topics, e.g. Advice to MoH around recording Identity in the NHI.		PM as budgeted	Project Manager	Clinical Lead, NRTCCAG			System of writing short papers when providing advice on topics regularly.	

Questions to the Project Manager: duncan.matthews@waitematadhb.govt.nz

*timeframe is indicative only. Some items will be dependant on other factors within the DHBs

Appendix D –Meeting Agendas

Northern Region Transgender Clinical and Consumer Advisory Group
2pm 11th April 2017
Mt Eden Room, Building 16

Agenda

Type	#	Item	Approx. Time	Lead	Attachments
	1	Karakia and Mihimihi *(waiata in response)*	-	Peter Thomas	-
Standing Item	2	Open Meeting	5 minutes	Jeannie	-
Standing Item	3	Apologies	-	Jeannie	-
	4	Introductions	30 minutes	All	-
	5	Break for kai and inu/wai	10 minutes	All	-
Standing item	6	Conflict of interest declarations with relation to the agenda	-	Jeannie	-
Recommendation	7	Agreeing Advisory Group Terms of Reference **Motion:** Finalise the proposed Terms of Reference for the NRTCCAG.	5 minutes	Duncan	
Information	8	Overview of Advisory Group operating procedure & rules	10 minutes	Jeannie	
Recommendation	9	Confirm regular meeting dates and times **Motion:** Confirm the 9 meeting times as proposed.	5 minutes	Duncan	
Recommendation	10	Stakeholder update listing all members of the NRTCCAG. **Motion:** That the stakeholder update as presented is distributed to the Transgender Health stakeholder list.	5 minutes	Duncan	
Information	11	Stocktake of where we are currently with Transgender Health clinical services across the Northern Region	20 minutes	Jeannie	
Information	12	Roles of Secondary care services vs Primary care and Healthcare pathways	10 minutes	Jeannie	
Standing item	13	Any Other Business	-	Jeannie	-
Standing Item	14	Feedback on services	10 minutes	Duncan	
Standing Item	15	Confirming next meeting	-	All	-
Standing Item	16	Close meeting	5 minutes	?	-

Northern Region Transgender Clinical and Consumer Advisory Group
2pm 23rd May2017
Mt Eden Room, Building 16

Agenda

Type	#	Item	Approx. Time	Lead	Attachments
	1	Karakia	-	Peter Thomas	-
Standing Item	2	Open Meeting	5 minutes	Jeannie	-
Standing Item	3	Apologies	-	Jeannie	-
Standing Item	4	Pass minutes from the previous meeting. **Motion:** That the minutes of the NRTCCAG meeting on the 11.04.17 are a true and accurate record of that meeting.	-	Duncan	#4
Standing Item	5	Review of action items from last meeting	10 minutes	Duncan	#5-A & #5-B
Standing item	6	Conflict of interest declarations with relation to the agenda	-	Duncan	-
Information	7	Introduction to Transgender Health work plan	5 minutes	Duncan	#7
Information	8	Break into small groups for clarification on work plan items	20 minutes	Duncan Jeannie Lorraine	-
Information	9	Interactive prioritisation and question activity	20 minutes	Duncan	#8
	10	Break for kai and inu/wai	10 minutes	All	-
Information	11	Roles of Secondary care services vs Primary care and Healthcare pathways	20 minutes	Jeannie	#11
Information	12	Pathways review	20 minutes	Jeannie	#12
Standing item	13	Any Other Business	-	Jeannie	-
Standing Item	14	Feedback on services	10 minutes	Duncan	#14
Standing Item	15	Confirming next meeting	-	All	-
Standing Item	16	Close meeting	5 minutes		-

Northern Region Transgender Clinical and Consumer Advisory Group
2pm 27th June 2017
Mt Eden Room, Building 16

Agenda

Type	#	Item	Approx. Time	Lead	Attachments
	1	Karakia	-	Peter Thomas	-
Standing Item	2	Open Meeting	5 minutes	Jeannie	-
Standing Item	3	Apologies	-	Jeannie	-
Standing Item	4	Pass minutes from the previous meeting. **Motion:** That the minutes of the NRTCCAG meeting on the 23.05.17 are a true and accurate record of that meeting.	-	Duncan	#4
Standing Item	5	Review of action items from last meeting	10 minutes	Duncan	#5
Standing item	6	Conflict of interest declarations with relation to the agenda	-	Duncan	-
Decision	7	Review of and discussion the Transgender Health Work plan **Motion:** That the Work Plan is adopted by the NRTCCAG.	30 minutes	Duncan	#7
Information	8	Numbers from the Auckland Regional Sexual Health Service	10 minutes	Duncan	#8
	9	Break for kai and inu/wai	15 minutes	All	-
Discussion/ Feedback	10	What does a Key Worker role look like?	30 minutes	Jeannie	#10
Discussion/ Feedback	11	What would the process look like for naming the Northern Region Transgender Health Service?	20 minutes	Jeannie	-
Standing item	12	Any Other Business	-	Jeannie	-
Standing Item	13	Feedback on services	10 minutes	Duncan	-
Standing Item	14	Confirming next meeting	-	All	-
Standing Item	15	Close meeting	5 minutes		-

Northern Region Transgender Clinical and Consumer Advisory Group
2pm 25th July 2017
Mt Eden Room, Building 16

Agenda

Type	#	Item	Approx. Time	Lead	Attachments
	1	Karakia	-	Peter Thomas	-
Standing Item	2	Open Meeting	5 minutes	Jeannie	-
Standing Item	3	Apologies	-	Jeannie	-
Standing Item	4	Pass minutes from the previous meeting. **Motion:** That the minutes of the NRTCCAG meeting on the 27.06.17 are a true and accurate record of that meeting.	-	Duncan	#4
Standing Item	5	Review of action items from last meeting	10 minutes	Duncan	#5
Standing item	6	Conflict of interest declarations with relation to the agenda	-	Duncan	-
Information	7	Confirming Paul Vroegop's resignation	-	Duncan	-
Information	8	Confirming and welcoming Val Yeung to the NRTCCAG	15 minutes	Jeannie	-
Discussion/ Feedback	9	What would the process look like for naming the Northern Region Transgender Health Service?	20 minutes	Jeannie	-
Discussion/ Feedback	10	Wording for Healthpoint site	20 minutes	Duncan	#10
Discussion/ Feedback	11	Propose moving to bi-monthly meetings	10 minutes	Duncan	-
Standing item	12	Any Other Business	-	Jeannie	-
Standing Item	13	Feedback on services	10 minutes	Duncan	-
Standing Item	14	Confirming next meeting	-	All	-
Standing Item	15	Close meeting	5 minutes		-

Transgender Health Services - NDHB
Hui 29.08.17, Whangarei Hospital

- Dr Mike Roberts (Chief Medical Officer, NDHB)
- Dr Oliver Hainsworth (Paediatrics)
- Judy Anson
- Suzie Evason
- Dr Murray Patton (Clinical Director Mental Health & Addictions)
- Sarah Reed
- Dr Martin O'Sullivan (Head of Clinical Service Child and Adolescent Psychiatrist, CAMHS)
- Nicole McGrant
- Debbie Gamble (Programme Lead Sexual Health)
- Dr Hazel Lewis
- Dr Aniva Lawrence (Clinical Director Manaia Health PHO)
- Michael Sullivan (Child & Youth, Funding & Planning)
- Dr Jeannie Oliphant (Clinical Lead, Transgender Health)
- Joe Macdonald (Community Liaison, Affinity Services)
- Duncan Matthews (Project Manager, Transgender Health)

Agenda

Meeting chair: Mike Roberts

1. Introductions
2. Brief overview of service development in Metro Auckland & Transgender Health work plan
3. Overview of current services in NDHB
4. Identifying areas for improvement of pathways in NDHB.
5. Regional vs local services
    - What should be offered regionally?
    - What should be offered in NDHB?
6. Timeframe, responsibilities and a way forward.

Northern Region Transgender Clinical and Consumer Advisory Group
2pm 26th September 2017
Mt Eden Room, Building 16

Agenda

Type	#	Item	Approx. Time	Lead	Attachments
	1	Karakia	-	Peter Thomas	-
Standing Item	2	Open Meeting	5 mins	Jeannie	-
Standing Item	3	Apologies	-	Jeannie	-
Standing Item	4	Pass minutes from the previous meeting. **Motion:** That the minutes of the NRTCCAG meeting on the 25.07.17 are a true and accurate record of that meeting.	-	Duncan	#4
Standing Item	5	Review of action items from last meeting	5 mins	Duncan	#5
Standing item	6	Conflict of interest declarations with relation to the agenda	-	Duncan	-
Standing item	7	Update on work plan	15 mins	Duncan	#7
Information	8	Update on Northland DHB meeting	5 mins	Jeannie	#8
Information	9	Draft Key Worker business case	20 mins	Duncan	#9
	10	Kai	15 mins		-
Decision	11	Discussion around public updates	10 mins	Abbi	#11
Decision	12	October stakeholder update	5 mins	Duncan	#12
Information	13	Finalised Healthpoint content	5 mins	Duncan	#13
Standing item	14	Any Other Business	5 mins	Jeannie	-
Standing Item	15	Feedback on services	15 mins	Duncan	#15A, #15B, #15C
Standing Item	16	Confirming next meeting	-	All	-
Standing Item	17	Close meeting	5 mins		-
	18	Sign cards for Paul and Jackie	10 mins	All	-

Northern Region Transgender Clinical and Consumer Advisory Group
2pm 28th November 2017
Mt Eden Room, Building 16

Agenda

Type	#	Item	Approx. Time	Lead	Attachments
	1	Karakia	-	Peter Thomas	-
Standing Item	2	Open Meeting	5 mins	Jeannie	-
Standing Item	3	Apologies	-	Jeannie	-
Standing Item	4	Pass minutes from the previous meeting. **Motion:** That the minutes of the NRTCCAG meeting on the 26.09.17 are a true and accurate record of that meeting.	-	Duncan	#4
Standing Item	5	Review of action items from last meeting	10 mins	Duncan	
Standing item	6	Conflict of interest declarations with relation to the agenda	-	Duncan	-
Information	7	Conflict of interest with regards to business case	15 mins	Duncan	#7
Standing item	8	Update on work plan	20 mins	Duncan	#8
	9	Kai			
Information	10	Bringing it all together: Trans week of awareness 2018	15 mins	Duncan	#10
Information	11	Auckland Clinical Guidelines	15 mins	Jeannie	
Information	12	A New Zealand network for transgender health professionals	10 mins	Jeannie	
Standing item	13	Any Other Business	5 mins	Jeannie	-
Standing Item	14	Feedback on services	5 mins	Duncan	-
Standing Item	15	Confirming next meeting	-	All	-
Standing Item	16	Close meeting	5 mins		-
		End of year celebration – we'll head across the road to The Alex			

Northern Region Transgender Clinical and Consumer Advisory Group
2pm 23rd January 2018
Mt Eden Room, Building 16

Agenda

Type	#	Item	Approx. Time	Lead	Attachments
	1	Karakia	-	Peter Thomas	-
Standing Item	2	Open Meeting	5 mins	Jeannie	-
Standing Item	3	Apologies	-	Jeannie	-
Standing Item	4	Pass minutes from the previous meeting. **Motion:** That the minutes of the NRTCCAG meeting on the 28.11.17 are a true and accurate record of that meeting.	-	Duncan	#4
Standing Item	5	Review of action items from last meeting	10 mins	Duncan	
Standing item	6	Conflict of interest declarations with relation to the agenda	-	Duncan	-
Standing item	7	Update on work plan	15 mins	Duncan	#7
	8	Pride 2018: • Volunteers to host the BGO stall with Sexual Health to represent Transgender Health. • Invitation from ADHB Rainbow Network to join them marching in the Auckland Pride Parade 2018.	15 mins	Jeannie	
	9	Kai			
Information	10	A leaflet for Transgender Health Services	15 mins	Duncan	#10
Information	11	Review: ADHB practice of patient alerts for change of gender	10 mins	Jeannie	#11
Information	12	Review and extend the Terms of Reference for NRTCCAG	10 mins	Duncan	#12
Standing item	13	Any Other Business	5 mins	Jeannie	-
Standing Item	14	Feedback on services	5 mins	Duncan	#14
Standing Item	15	Confirming next meeting	-	All	-
Standing Item	16	Close meeting	5 mins		-