Mr Tim Barnett MP for Christchurch Central Electorate Office PO Box 13295 CHRISTCHURCH

Attention: Lynne Lulham

Dear Tim

MINISTER OF HEALTH ORIGINAL SUBMITTED FOR YOUR SIGNATURE for Director-General of Health 18/3/03 Date: Ministerial Number: 03000916 H Number: H200300794 Name of Section: CMS Tanith Robb Contact Person: Phone: 2676 Christine Andrews Peer Reviewer: HC01-52-0-2 File Number:

Thank you for your letter of 11 March 2003 (REF: LL637) enclosing correspondence from (2)(a) regarding funding of gender reassignment surgery.

I appreciate that gender reassignment surgery is a very emotional issue for some people. However, gender reassignment surgery is a small part in the process of gender reassignment and should only be considered when it is clinically appropriate.

Policy development relating to gender reassignment services is complex and it is important to make sure that we get it right. Important progress has been made on policy surrounding this issue. In particular, I am informed the Ministry of Health has initiated work on gender dysphoria services including gender reassignment services. This work will review access to, and the availability of, gender dysphoria services throughout New Zealand within current resources.

The Ministry of Health is currently surveying all district health boards (DHBs), asking for details of their gender dysphoria services. It is also convening a national meeting of clinicians with expertise in managing gender dysphoria. This workshop will take place in April 2003 and is intended to be the first step in the development of clinician support material aimed at general practitioners (GPs). I expect this material will include:

- a register of clinicians with an interest and expertise in management of gender dysphoria
- clinical guidelines to support consistency of approach to clinical issues arising from gender dysphoria. These may be newly developed guidelines or they may be an endorsement of guidelines already in existence overseas.

Consumers will be involved in the development of this material. The material will aim to:

- improve knowledge around gender dysphoria issues amongst GPs
- improve consistency of advice and clinical care to consumers
- facilitate referral of consumers to appropriate specialists.

The initial focus of this initiative will be to improve services other than formal gender reassignment surgery. This includes hormonal treatment, psychological and psychiatric services and non-gender reassignment surgery (mastectomy,

orchidectomy, hysterectomy). DHBs will be reminded of their obligation to provide these services. Formal gender reassignment surgery will then be considered as part of the continuum of care provided. Issues such as funding, international best practice and availability of appropriately trained surgeons will need to be considered.

This initiative replaces earlier plans to establish a national committee to review individual applications for gender reassignment services under the Special High Cost Treatment Pool. It represents an important step forward because it will allow for a fuller consideration of the complex clinical and definitional issues involved, and the most effective way services can be provided to New Zealanders needing such services. It will also allow for clear decisions about which services at which stages in the process of reassigning gender should be publicly funded.

As I previously stated, a letter has already been sent to relevant specialists at each DHB and there will also be a meeting of experts as soon as the responses to the letters to DHBs have been collated. The Principal Medical Advisor will also be reporting to me directly on progress.

Thank you for writing.

Yours sincerely

Hon Annette King MINISTER OF HEALTH