

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
carolyn.gullery@cdhb.health.nz

28 May 2019

9(2)(a)

RE Official Information Act request CDHB 10091

I refer to your email dated 26 April 2019 requesting the following information under the Official Information Act from Canterbury DHB regarding Intersex babies having genital surgery. Specifically:

1. **Data on how many intersex children have had genital surgery within their first year of life between 2000 and 2018 broken down by year, whether or not the surgery was medically necessary or whether it was cosmetic, gender of child as recorded on their birth certificate and the total cost per year of the surgeries,**

Our data shows that Canterbury DHB has not performed any surgery related to a child being 'intersex' within their first year of life during the time frame requested.

2. **Information (including but not limited to internal communications, memos, meeting minutes, briefing notes, letters, communications with external stakeholders) about policies/procedures relating to intersex people's health care received by the DHB and published by the DHB between January 2017 and today April 26 2019**

While we don't hold any information specifically related to 'intersex people's health' as requested we can tell you that the Canterbury DHB has been working through the Canterbury Clinical Network over the past two years to improve services for gender diverse people.

Actions to date include:

- Setting up a new Community Advisory Group for gender diverse peoples in Canterbury, which will have appropriate consumer, whānau, Maori, PHO and clinician membership;
- Clarifying and streamlining referral pathways from general practice to secondary care (and the corresponding clinical guidelines, Hospital and Community HealthPathways for general practice, have been updated);
- Organising the appointment of a Canterbury DHB clinical champion for the organisation (one of our surgeons)
- Gender Diversity/ transgender health has become part of the Canterbury Child & Youth Health Workstream's annual work plan.

- Ongoing lobbying for increased Trans-friendly mental health services for those that need them to improve mental health equity.

We have also attached as **Appendix 1** a previous response we have published on-line to a request regarding gender affirming healthcare services funded by the Canterbury DHB for transgender patients. (CDHB 9864). This includes information that is available on our HealthInfo site which provides information available to the public.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gullery', with a long, sweeping horizontal line extending to the right.

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

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Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
carolyn.gullery@cdhb.health.nz

19 June 2018

[REDACTED]

[REDACTED]

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RE Official information request CDHB 9864

We refer to your email dated 22 May 2018 and received in our office on 23 May 2018, requesting the following information under section 12 of the Official Information Act (the 'Act') from Canterbury DHB.

Could you please advise whether the following gender-affirming healthcare services are funded by the Canterbury District Health Board for transgender patients, and whether the services are currently available?

- a. Hormone therapy**
- b. Mastectomy**
- c. Hysterectomy**
- d. Orchidectomy**
- e. Facial hair removal**
- f. Breast augmentation**
- g. Voice training**

Canterbury DHB funds and provides all the above services for transgender patients on a limited basis, except for facial hair removal.

Could you please provide information about the process of accessing those services that are available?

- a. Specifically, is an assessment by a mental health professional required in order to access gender-affirming healthcare services? If so, which services?**
- b. In the case of hormone therapy, can primary health providers prescribe hormones, or does this have to be initially approved by an endocrinologist?**
- c. Is any period of real life experience required to access surgery?**

Canterbury DHB follows the guidelines set down by the Ministry of Health.

There are four phases of gender transition after a diagnosis of Gender Identify Disorder has been made. Information on these phases, which can help assess a person's readiness for gender reassignment surgery is provided on the Ministry of Health website. (Attached as **Appendix 1** and can be found at: <https://www.health.govt.nz/our-work/preventative-health-wellness/delivering-health-services-transgender-people/gender-reassignment-surgery>;

The Canterbury Clinical Pathways guidance for clinicians (extract attached as **Appendix 2**) we believe will provide the information you require. **Please note:** Clinical pathways are practice guidance written by clinicians for clinicians and this information is not available to the general public.

However the Canterbury DHB also provides a complementary website that is available to the public <https://www.healthinfo.org.nz/>

Finally, could you please advise what the process is, if transgender patients require one of the above services, but the Canterbury District Health Board does not offer this service? Does the Canterbury District Health Board currently fund patients to travel to other areas to access this healthcare?

No, Canterbury DHB does not currently fund patients to travel to other areas to access this healthcare.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website.

Yours sincerely

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Carolyn Gullery
Executive Director
Planning, Funding & Decision Support



Gender reassignment surgery

There are 4 phases of gender transition after a diagnosis of Gender Identity Disorder has been made. Information on these phases, which can help assess a person's readiness for gender reassignment surgery, is provided below.

There are 4 phases of gender transition after a diagnosis of Gender Identity Disorder has been made:

- real life experience in the desired role
- hormones of the desired gender
- surgery to change genitalia and other sexual characteristics
- post-transition monitoring.

It is important to note that not everyone with Gender Identity Disorder will need or desire all these elements of transitioning. Similarly, it is also important to understand there is a difference between **eligibility** for a phase and **readiness** to undertake it.

Real life experience

Who's involved

This phase is assisted and assessed by the psychiatrist and psychologist.

Eligibility

Living and working full time for at least 2 years as a woman/man.

Readiness

Demonstrating further consolidation of the evolving female/male gender identity with consequent improving mental health.

Hormone therapy

Who's involved

This phase is assisted and assessed by the endocrinologist and GP.

Eligibility – for people over 18 years old

- Demonstrating knowledge of what hormones can and cannot do, as well as their risks and benefits.
- Documented real-life experience of more than 3 months and/or counselling for at least 3 months.

Readiness – consolidation of gender identity during real life experience

- Progress in mastering other identified mental health issues.
- Will take hormones in a responsible manner.

The maximum physical response to hormones may take up to 2 years of continued use, and the degree of effect obtained varies widely from person to person. Medically unmonitored hormone therapy is dangerous and can jeopardise or preclude transitioning surgery as can self harming and mutilation.

For some people hormone therapy is adequate for social functioning and surgical intervention becomes unnecessary.

It may be of use to talk about sperm banking with the endocrinologist or GP prior to undertaking hormone therapy.

Surgery

Transitioning in general and surgery in particular, has profound personal, social and medical consequences that need very serious consideration. These impact on all aspects of life – family, vocational, interpersonal, educational, economic and legal. Therefore surgery is only undertaken after comprehensive multidisciplinary evaluation.

A person's suitability for Gender Reassignment Surgery can be assessed using the internationally accepted World Professional Association for Transgender Health's Standards of Care (http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926)

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These standards are minimum requirements and therefore it is also important to be mindful of other factors not related to gender identity that may preclude surgery (for example co-existing medical conditions or surgical risk). Similarly, although someone may be eligible to be considered for Gender Reassignment Surgery, both non-medical and medical considerations may impact on their suitability for surgery beyond what is described below.

The journey towards Gender Reassignment Surgery is complex. The decision to offer surgery is by consensus and just undertaking the pre-requisites for surgery does not necessarily mean an operation will be offered.

Who's involved

This phase is assessed and performed by the anaesthetist and surgeons.

Eligibility – for people over 18 years old

- More than 12 months of continuous hormonal treatment .
- More than 2 years of successful and continuous real life experience as a woman/man.
- 2 psychiatric reports by senior psychiatrists with some experience in this field, 1 of which is by an evaluating (not treating) doctor.
- 1 psychologist's report by a senior psychologist or social worker with experience in this field.

Readiness

- Demonstrated progress in transitioning including consolidation of gender identity, dealing with work, family and interpersonal issues as well as significant improvement/stability in mental health
- No other medical conditions that constitute a surgical or anaesthetic risk
- Able to have a full understanding of the procedure with its risks and expected outcomes to allow for the most informed consent.

Funding

A limited amount of funding is available from the Special high cost treatment pool ([/our-work/hospitals-and-specialist-care/high-cost-treatment-pool](#)).

Post-transition follow-up

Postoperative follow-up is one of the factors associated with a good outcome and therefore the ability and readiness of someone to commit to this forms part of their evaluation.

After surgery the person is asked to:

- stay in regular touch with a doctor for the ongoing prescribing of hormonal therapy
- be monitored for possible conditions consequent to the medical and surgical interventions
- continue with normal screening (eg, for prostate cancer)
- be open to further mental health input that would assist with any problems adjusting after operation.

Follow-up is helpful to the person, but it also improves the understanding of the limits and benefits of this type of surgery so as to enable the best possible counselling and assessment of others who might follow.

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Gender Dysphoria

This pathway is about the suitability for hormone therapies which is managed either by the Endocrinology Department in adults, or by the paediatric endocrinologist in children.

About gender dysphoria

- Gender dysphoria is when a person, who identifies as a gender that is different from their biological sex, experiences discomfort or distress about this discrepancy.
- Gender nonconformity (or gender incongruence) refers to a person who identifies with a gender that is different to their biological sex.
- Treatment for gender dysphoria may involve psychological assessment and support, hormonal or surgical treatment. Treatment is individualised.
- Other names include: gender variance, gender incongruence, gender identity disorder, and transgenderism.
- "Trans" is often used as an umbrella term but some people may prefer to be referred to as transsexuals, transgender people, trans people, trans woman (male becoming a female) or a trans man (female becoming a male).
- Some transsexual people do not gender identify as either male or female, but feel they are both, or somewhere in between, and are considered "gender variant".
- Check with your patient about their preferred term.

Assessment:

1. Assess history of gender non-conformity and gender dysphoria.
 - Obtain a history of symptoms, age of onset, whether trial of desired gender role has occurred and for how long and supports available.
 - Ask about depression, anxiety, PTSD, suicidality, self-harm, and drug or alcohol dependence.
 - Check sexual history.
2. Discuss what treatments your patient is wishing to pursue:
 - Psychological treatment alone may be all that is needed.
 - Hormone manipulation. Assess whether the patient meets the Canterbury DHB *criteria* for endocrine manipulation through hormone treatments, which are all arranged through secondary care.

Criteria

- For adults, endocrine manipulation through hormone replacement is not undertaken lightly and usually only performed in adults who fulfil the following 3 criteria:
- Aged > 18 years.
- Has clear knowledge of the risks and benefits of endocrine therapy (undertaken in secondary care).
- Has either a documented real life experience of consistently filling the desired gender role for at least 3 months before the administration of hormones, or has a minimum of 3 months of regular psychotherapy with the conclusion that the gender reassignment and endocrine manipulation is appropriate.

Note: If aged 15 to 18 years, endocrine therapy may be considered on a case-by-case basis after psychological assessment.

Gender Reassignment surgery is not currently funded by the Canterbury DHB, but there are a small number of gender reassignment surgeries (GRS) funded overseas through the Ministry of Health High Cost Treatment Pool.

3. Consider sexual health check and blood tests for hepatitis B, hepatitis C, HIV either through general practice or a non-acute sexual health assessment.

4. Look at any lifestyle changes which will reduce any risks associated with hormone treatments e.g., smoking cessation, and assessment of cardiovascular risks such as lipids, blood pressure, and diabetes.

Management:

1. Provide patient information and support.
2. If psychological treatment only is required, arrange an appointment with a psychologist with appropriate experience in gender dysphoria.
3. Address any comorbidities such as mental health, sexual health, and drug or alcohol dependency. For more specific general practitioner care and management, see section 1.2 of the [Gender Reassignment Health Services for Trans People within New Zealand](#) guidelines.

Hormone manipulation:

1. For adults, refer for either psychiatric or psychological assessment **before** endocrine referral.
 - Psychiatrists – initial assessments for approval before hormone manipulation are available through the public health system. Ongoing counselling is not provided by the public system.
 - Psychologists with appropriate experience in gender dysphoria.
2. If aged between 15 and 18 years, two psychiatric or psychological assessments are desirable before an endocrinology referral.
3. For children aged < 15 years, refer to CAF. They will refer onto paediatric endocrinologists if appropriate for hormonal treatment to suppress puberty.
4. If a patient is accepted for hormone treatment, the Endocrinology Department or the paediatric endocrinologist will direct treatment with appropriate interim monitoring by general practice.
5. If gender reassignment surgery is requested, an endocrinologist makes a referral to the Ministry of Health High Cost Treatment Pool.

Request:

- Consider referral to a Psychologist.
- For psychiatrist assessment before hormonal manipulations, request non-acute adult specialised mental health assessment.
- For children aged < 15 years, refer to Child, Adolescent and Family Mental Health.
- For adults and if aged >15 years, request endocrinology assessment if the **criteria** are fulfilled and include the psychiatric or psychological reports.

Criteria

For adults, endocrine manipulation through hormone replacement is not undertaken lightly and usually only performed in adults who fulfil the following 3 criteria:

- Aged >18 years
- Has clear knowledge of the risks and benefits of endocrine therapy endocrine therapy (undertaken in secondary care).
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Note: If aged 15 to 18 years, endocrine therapy may be considered on a case-by-case basis after psychological assessment.

If sexual health check and blood tests are appropriate, but unable to be completed in general practice, request a sexual health assessment.