



Waitematā
District Health Board

Best Care for Everyone

DHB Board Office

15 Shea Terrace
Takapuna, Auckland 0622
Private Bag 93-503, Takapuna
North Shore City 0740
Telephone: 09 486 8900
Facsimile: 09 486 8924
www.waitematahnb.govt.nz

28 September 2020

[REDACTED]
[REDACTED]

Dear [REDACTED]

Re: OIA request – Information about transgender services

Thank you for your Official Information Act request received 10 September 2020 seeking information about transgender services from Waitematā District Health Board.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā DHB serves a population of more than 630,000 across the North Shore, Waitakere and Rodney areas, the largest and one of the most rapidly growing DHBs in the country. We are the largest employer in the district, employing around 8,500 people across more than 80 locations.

In addition to providing services to our own population, we are also the metropolitan Auckland provider of forensic psychiatry, child disability services, child community dental services and community alcohol and drug services.

You requested the following:

I am submitting this OIA as a way of reviewing how well the healthcare needs of transgender people are met nationwide. While I am aware of the fact that no individual DHB provides some of these services, they are included because some questions pertain to referrals, funding, or to check the accuracy of currently available information.

Of the following list of services, which (if any) does the Waitemata District Health Board provide? Does the DHB provide any services for transgender health care not listed, if so, what?

- Puberty blockers
- Hormone replacement therapy
- Fertility preservation
- Mastectomy
- Hysterectomy
- Orchiectomy
- Facial hair removal
- Breast augmentation
- Voice training
- Facial feminization surgery
- Genital reconstruction surgery

- Counselling
- Other mental health support (please specify services in response)

For services provided by the DHB:

What is their current status? What clinic (or clinics) provides the service? Are they accepting new patients?

Broken down by provided services (and initial consultation and readiness assessments or other if applicable), how long is the current wait time on appointments for transgender health? How long have these wait times been in previous years that the service was available?

What set(s) of transgender health guidelines are used to inform practice?

What requirements are there for patients accessing care? (Eg. Readiness assessment)

For HRT specifically, what is the standard practice regarding choice of medication and dosages? Are GPs expected to be able to provide HRT, and if so what support are they given to ensure quality of care? What measures are in place to ensure that all patients are fully informed of all medications that could meet their HRT needs besides the suggested treatment plan?

Does the DHB have a Transgender health key worker (or similar)?

Are there any youth-specific service providers? How would an underage person access trans-specific healthcare in the DHB?

When were the available services first offered?

Have these services ever been unavailable, and if so, between what dates?

For the services that are not provided by the DHB:

Are patients referred elsewhere for these services? If so, where are they referred to?

Were any of these services ever previously provided by the DHB?

Regardless of transgender health service status:

Is there any additional support made for healthcare needs that are not particular to transgender health but are particular areas of interest for transgender health? Eg. Substance use, mental health care.

What plans are there, if any, to expand or improve care for transgender patients within the DHB?

Have there been any internal reviews of the care provided or outcomes for transgender patients? If so, what were the results of those reviews, and what action was taken based on them?

What measures does the DHB currently have in place to educate healthcare workers not working in transgender health areas on the needs of transgender patients they may encounter? How is their right to be treated with dignity upheld?

Have any actions been taken based on complaints by transgender patients? If so, what actions have been made in response to complaints?

In response to your request, we can provide the following information:

1. Of the following list of services, which (if any) does the Waitemātā District Health Board provide? Does the DHB provide any services for transgender health care not listed, if so, what?

- Puberty blockers
- Hormone replacement therapy
- Fertility preservation
- Mastectomy
- Hysterectomy
- Orchiectomy
- Facial hair removal
- Breast augmentation

- **Voice training**
- **Facial feminization surgery**
- **Genital reconstruction surgery**
- **Counselling**
- **Other mental health support (please specify services in response)**

Waitematā DHB either directly provides or funds services including:

- Puberty blockers
- Hormone replacement therapy
- Fertility preservation
- Mastectomy
- Hysterectomy
- Orchiectomy
- Counselling
- Other mental health support (primary mental health, secondary mental health, peer support).

Transgender health care is managed through either Centre for Youth Health (CfYH), Counties Manukau DHB or Auckland DHB's Auckland Regional Sexual Health Services (ARSHS), depending on the age of the patient. Both services provide non-surgical health care for transgender people for the youth and adult Auckland, Waitemata and Counties Manukau DHBs' populations. This includes hormone therapy, nursing, medical, clinical psychology and counselling. Where appropriate, a client will be referred to a mental health professional as needed.

Please see below link for details of the services provided:

<https://www.healthpoint.co.nz/public/sexual-health/hauora-tahine-pathways-to-transgender-healthcare/>

In addition, some general surgical procedures including mastectomy, hysterectomy and orchiectomy are provided as part of the general elective services for the Waitematā DHB population. Waitematā DHB does not allocate specific funding for volumes of surgical interventions for the transgender population in our region.

Some fertility services have also been provided. A couple, where either one or both persons are transgender and cannot achieve a pregnancy together, are eligible for a referral to publicly-funded fertility services if they meet the other eligibility requirements. People are eligible for publicly-funded fertility preservation treatment if they meet all eligibility criteria.

A detailed guidance on eligibility for publicly funded fertility services is available at the following link:

<https://www.healthpoint.co.nz/public/fertility/northern-region-fertility-service-nrfs/>

Genital surgery is funded and managed by the Ministry of Health (MoH) on behalf of the DHBs. The MoH can provide details of these services.

Waitematā DHB does not provide or fund services for the following procedures for transgender or other people:

- Breast augmentation
- Facial feminisation
- Laryngeal shave
- Facial hair removal.

Voice therapy is available for people with eating or swallowing issues only.

2. For services provided by the DHB:

- a. What is their current status? What clinic (or clinics) provides the service? Are they accepting new patients?**

Both the CfYH and ARSHS accept new patients.

Patients referred for surgery are assessed against the services' clinical prioritisation tools.

- b. Broken down by provided services (and initial consultation and readiness assessments or other if applicable), how long is the current wait time on appointments for transgender health? How long have these wait times been in previous years that the service was available?**

The following are indicative wait times only for ARSHS due to month-to-month variation. An electronic waiting list in our patient management system was only instigated in late 2019. There was an increase in the number of new patients presenting through 2019-20 and in 2020 a process of active re-engagement with a GP was introduced to reduce long-term follow-up numbers which were reducing capacity for new patient assessments.

2017: >60% seen within 6 weeks

2018: ~70% seen within 6 weeks

2019: >45% seen within 6 weeks

Current average wait for new patients to be seen at ARSHS is 25 days (90% are seen within 54 days).

CfYH services do not hold a waiting list and could not give an accurate waiting time as it depends on clinical acuity. Demand is greater than available spaces, so there is often a delay.

- c. What set(s) of transgender health guidelines are used to inform practice?**

Waitematā DHB uses the Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young people and Adults, which is available at the following link:
<https://www.healthpoint.co.nz/public/sexual-health/hauora-tahine-pathways-to-transgender-healthcare/>

- d. What requirements are there for patients accessing care? (Eg. Readiness assessment)**

For ARSHS, new patients are now required to be affiliated with a GP. The key worker can help them identify a suitable GP if the patient does not have one. All patients need a GP to be discharged back to for ongoing care once their contact with ARSHS has finished. Once seen by a doctor or nurse practitioner, a first readiness assessment appointment with either a psychologist or counsellor occurs approximately six weeks later. Two appointments are typically required ~2 weeks apart. Readiness assessments are as per the World Professional Association for Transgender Health (WPATH) standards of care version 7.

Patients are eligible for CfYH if they require specialist care for medical management of gender affirming care and meet other eligibility requirements such as age and domicile criteria.

- e. For HRT (Hormone Replacement Therapy) specifically, what is the standard practice regarding choice of medication and dosages? Are GPs expected to be able to provide HRT and, if so, what support are they given to ensure quality of care? What measures are in place to ensure that all patients are fully informed of all medications that could meet their HRT needs besides the suggested treatment plan?**

The guidelines for HRT are followed as per the Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young people and Adults which is available on the Healthpoint website:

<https://www.healthpoint.co.nz/public/sexual-health/hauora-tahine-pathways-to-transgender-healthcare/>

GPs are supported through the Health Pathway 'Gender Diversity and Transgender Health' that provides advice about gender affirming healthcare for people of all ages. The HRT guidelines are documented on HealthPathways which is used by GPs routinely.

Patients are fully informed as clinical practice is based on an informed consent model. The Hauora Tāhine – Pathways to Transgender Healthcare Services provides some of the information given to young people and families.

f. Does the DHB have a Transgender health key worker (or similar)?

Support for transgender patients is available through a key worker at the ARSHS.

Waitematā DHB also funds a Peer Support Service for transgender patients through RainbowYOUTH.

g. Are there any youth-specific service providers? How would an underage person access trans-specific healthcare in the DHB?

Yes, Waitematā DHB funds a youth specialist through the Centre for Youth Health (CfYH) at Counties Manukau DHB and has done so since January 2017. Most young people within Waitematā DHB who have required support or services relating to gender identity will use the CfYH service, although a very small number of young people have used services by Child and Adolescent Mental Health Services at Waitematā DHB or paediatric services.

h. When were the available services first offered?

Since January 2017, the CfYH has been contracted to provide specialist care for gender diverse young people (up to 18 years). ARSHS has provided services which have been further developed over the last five years, including through the addition of a key worker.

i. Have these services ever been unavailable, and if so, between what dates?

No. Occasionally, there was a reduction in services at ARSHS due to clinician leave or COVID-19 response as the service adapted to telehealth as a means of continuing scheduled appointments.

3. For the services that are not provided by the DHB:

Are patients referred elsewhere for these services? If so, where are they referred to?

Were any of these services ever previously provided by the DHB?

The response to this question can be found in the responses above.

4. Regardless of transgender health service status:

a. Is there any additional support made for healthcare needs that are not particular to transgender health but are particular areas of interest for transgender health? E.g. substance use, mental health care.

Yes, Waitematā DHB funds a Peer Support Service for transgender patients through RainbowYOUTH and the key worker and other staff are familiar with the range of other services, including Community Alcohol and Drug Services (CADS). Support for mental health care is available for all ages through Community Mental Health Services.

b. What plans are there, if any, to expand or improve care for transgender patients within the DHB?

Auckland DHB and Waitematā DHB together led a programme of improvement of services, which is now in place. This included commissioning services such as those provided by RainbowYOUTH, fertility services and the establishment of clinical guidance which is referred to above.

c. Have there been any internal reviews of the care provided or outcomes for transgender patients? If so, what were the results of those reviews, and what action was taken based on them?

The improvement programme described in our response to question 4b was informed by significant consumer consultation and guided by a consumer and clinical advisory group. Clinical guidance was developed based on the available evidence.

The two main providers conduct audits as part of ongoing quality improvement.

CfYH regularly reviews cases and pathways for shared care with primary care to improve the model of care provided to young people. Internal reviews of access to psychological support have led to greater engagement with mental health and eating disorders services. A research project in 2017-19 on wellbeing of young people is currently being written and will be published in due course.

d. What measures does the DHB currently have in place to educate healthcare workers not working in transgender health areas on the needs of transgender patients they may encounter? How is their right to be treated with dignity upheld?

Waitematā DHB has two learning initiatives available:

Gender identity and sexual orientation

This three-hour face-to-face course is available for all staff, provides an opportunity to discuss issues around sexual orientation and gender identity and reflect on how Waitematā DHB services can provide a safe environment for our LGBTTTTF (Lesbian, Gay, Bi-sexual, Transsexual, Transgender, Takataapui and Fa-afafine) clients/patients.

Transgender competence

Through this online module, staff will become more familiar with gender diverse and transgender people, their identities and their health needs. This is available to all staff.

e. Have any actions been taken based on complaints by transgender patients? If so, what actions have been made in response to complaints?

Waitematā DHB provides care to a gender diverse population and we value the feedback which we receive from all patients and their whānau, irrespective of their gender, age or ethnicity.

Waitematā DHB has identified and reviewed a complaint received from a member of the transgender community. Action taken on the complaint included an apology to the complainant and the provision of further training to staff. In addition, the feedback prompted discussions at local levels about how best to meet the needs to the transgender community in a sensitive and respectful way.

I trust this information is sufficient in response to your request. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Waitematā DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Debbie Holdsworth', with a stylized flourish at the end.

Dr Debbie Holdsworth
Director Funding
Waitematā District Health Board