

November 2019 update

The new Gender Affirming (Genital) Surgery Service

Budget 2019 has provided an additional \$2.992 million over the next four years for gender-affirming surgery. This funding is being used to support transgender people to access gender affirming genital surgery, previously provided through the High Cost Treatment Pool.

A new Gender Affirming (Genital) Surgery Service is being established and is expected to be operational early in 2020. The service will be provided, initially, through an agreement between the Ministry of Health and Dr Rita Yang Plastic Surgery Limited. Over time the Ministry will work with District Health Boards to establish a sustainable DHB provided service.

The scope of the Service remains gender affirming genital surgery. Other surgical procedures, such as mastectomy or orchidectomy remain the responsibility of DHBs. Referrals for these procedures should be sent to your local DHB in accordance with any locally agreed pathways.

Information on the new service can be found at [Delivering health services to transgender people](#).

Existing patients

Many patients on the waiting list have been waiting for several years. The longest waiting patients (any referred prior to 2015) are being contacted and asked to complete a health questionnaire. This will assess the following factors:

1. whether the patient is still contactable
2. whether the patient still wishes to proceed with surgery
3. whether the patient has any co-morbidities or risk factors that would delay or prevent them having surgery.

As a transgender healthcare provider, we will provide you with a list of the patients referred by you that we are contacting. If you have patients that you think should have been contacted that have not been, please let us know.

New referrals to the Service

Referrals for surgery still need to be made by a DHB specialist, unless the DHB has agreed to allow general practitioners from their region to make referrals on their behalf.

Referrals should be sent to gender.surgery@health.govt.nz.

Referrals should be made on the new [Gender Affirming \(Genital\) Surgery Service Referral Form](#).

Patients referred to the Service and accepted will be placed on the waiting list for a surgical assessment. These patients are NOT on the surgical waiting list until assessed and accepted for treatment by the surgeon.

Given the length of the waiting list, patients will be contacted every six months to maintain communication. Patients will be asked to complete a review form to update their contact details and health status.

Referral, review and health questionnaire forms can be found [available at Delivering health services to transgender people.](#)

Prioritising new referrals

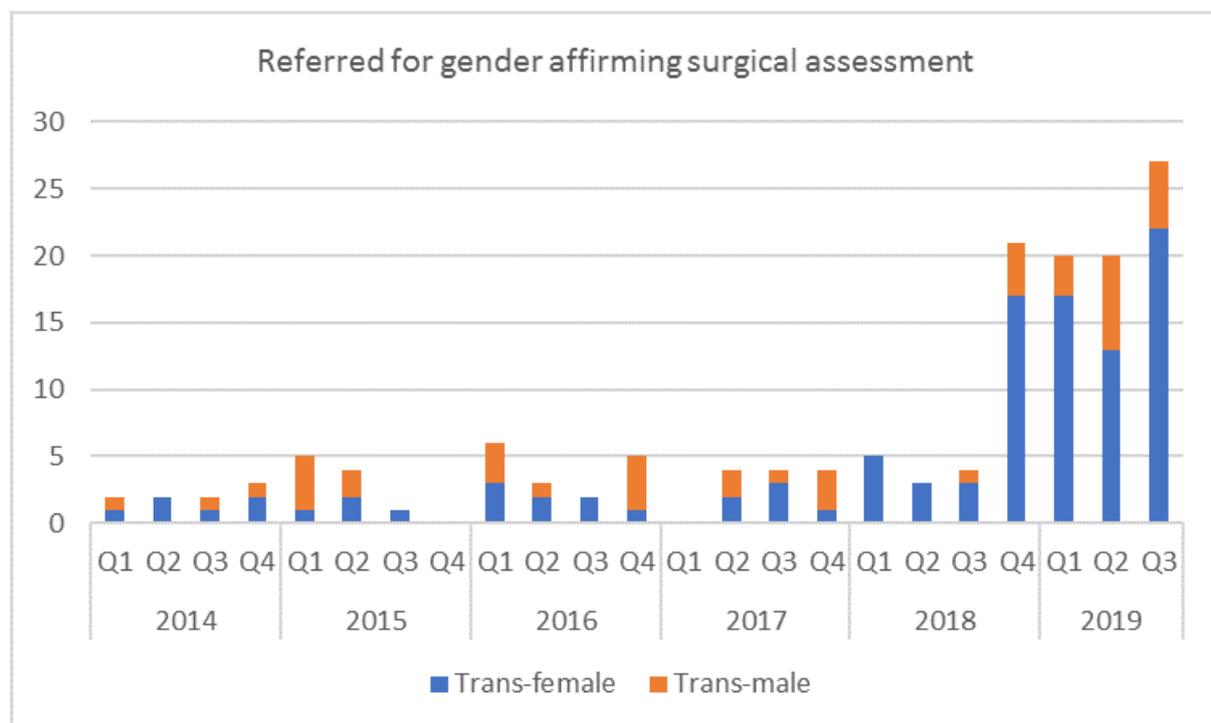
The Ministry will forward any referrals received to Dr Yang for prioritisation. Any referral sent directly to Dr Yang will not be eligible under the new Gender Affirming (Genital) Surgery Service.

Patients will continue to be listed and assessed based on referral date. However, the Ministry intends to work with transgender healthcare specialists to agree referral pathways and prioritisation criteria. This might consider whether there are some patients who should receive treatment more urgently.

The state of the waiting list

Between 2010 and 2017 on average 11 patients a year were referred for gender affirming genital surgery. Twelve people received their first High Cost Treatment Pool funded treatment during this period.

In 2018 and 2019 the number of patients referred has increased and on average 7 patients a month are referred for surgical assessment.



Number of people waiting in October 2019

There were 204 people on the Active list at the end of October.

This number is expected to change as we contact the longest waiting patients.

Under the new service we aim to increase the number of patients treated from the current expectation of two patients every year to up to 14 patients a year. It will take some time to reach this level as the patients being seen may require readiness assessment or hair removal prior to proceeding to treatment.