

# June 2021 update

## The Gender Affirming (Genital) Surgery Service

Gender Affirming (Genital) Surgery Service (the Service) has been established to help more transgender people access publicly-funded gender affirming genital surgery in New Zealand.

The Service has been funded with \$2.99 million approved in Budget 2019 over four years to supplement the allocation of funding from the High Cost Treatment Pool for gender affirming genital surgeries. This funding is expected to enable the delivery of up to 14 surgeries per year.

The Service is provided through a contractual agreement between the Ministry of Health and a provider of gender affirming genital surgery in New Zealand. The Service is limited to people over 18 years of age. The Ministry is currently the coordinator of the waiting list for a first specialist assessment with the Service.

The scope of the Service is gender affirming genital surgery for transgender people. Referrals for other gender affirming surgeries and referrals for people with an intersex variation should be sent to the person's local DHB in accordance with locally agreed pathways.

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

## Revision surgery

The focus of the Ministry-funded service is to improve access to gender affirming genital reconstruction for transgender people who have not previously been able to have this surgery.

People who have had or are considering self-funding genital reconstruction surgery in New Zealand or overseas should be aware that the Ministry will not routinely accept referrals for elective revisions of past surgeries.

People who have or are considering self-funding surgery are advised that their local DHB is responsible for treating emergency or urgent complications from surgery. Non-emergency / non-urgent complications or sub-optimal outcomes from self-funded surgeries should be referred to the surgical team who provided the patient's surgery or their GP. Not the Ministry-funded service.

The Ministry will not reimburse the cost of surgery to patients on the waiting list of the service who choose to self-fund surgery in New Zealand or overseas.

## Validation of referrals for people already waiting

In late 2019 the Ministry wrote to a group of patients whose referrals were received prior to 2016 and who had been waiting the longest. In August 2020 we contacted a second group of long-waiting patients who were referred between 2016 to mid-2018.

We asked these people to complete a health questionnaire and provide recent health status information. This has assessed the following:

1. whether the person is still contactable
2. whether the person still wishes to proceed with surgery
3. whether the person has any health problems or risk factors that would delay or prevent them having surgery.

We then sent the validated referrals to the Service for review and consideration for a first specialist assessment.

If you are a person on the waiting list who was referred prior to mid-2018 and we haven't been able to contact you, or a healthcare provider and you have transgender patients who should have been contacted but haven't been, please let us know at [gender.surgery@health.govt.nz](mailto:gender.surgery@health.govt.nz). Alternatively, please fill out and send the [health questionnaire \(PDF, 300 KB\)](#).

## **New referrals to the Service**

Referrals to the waiting list need to be made by a DHB specialist unless a DHB has agreed to allow general practitioners to make referrals on their behalf.

People referred to the Service and accepted will be placed on the waiting list for a first specialist assessment.

To be considered for a first specialist assessment a person should be medically fit to have an anaesthetic and complex surgery. It is important that people on the waiting list maintain a healthy Body Mass Index (BMI), be non-smokers (including nicotine-based vapes) and ensure that any medical and/or mental health conditions are managed and stable.

For patient safety reasons we encourage people to maintain a healthy BMI of less than 30. This is because evidence from overseas shows a significant risk of complications with these highly complex surgeries for patients with a high BMI.

The Service is currently accepting new patients with a BMI <35. Patients with BMI 30-35 are being advised to see their general practitioner about weight loss management programmes and to ask about their eligibility for a Green Prescription. This means that patients have the opportunity to reduce their weight over time to a BMI of 30 or less in a managed and safe way, while they wait for their referral to come up for review.

Please note that any referral sent directly to the Ministry's contracted provider will not be eligible for the publicly-funded Service. Only referrals that are forwarded by the Ministry to the Service will be accepted.

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

Given the number of people on the waiting list, we will contact people every twelve months to maintain communication and update their contact details. The Ministry has contacted patients referred between October 2018 and December 2019 to ask them to update their contact details and confirm

that they still wish to progress with surgery. Patients have been asked to complete the Annual Review Form linked below which can be sent to [gender.surgery@health.govt.nz](mailto:gender.surgery@health.govt.nz).

- [Review questionnaire - Gender affirming genital surgery \(pdf, 300 KB\)](#)

People on the waiting list are encouraged to email [gender.surgery@health.govt.nz](mailto:gender.surgery@health.govt.nz) at any time if their contact details change. It is important that we have up-to-date contact information because if we cannot make contact, patients may be removed from the waiting list.

As of 31 December, we have received 70 updated contact detail forms of the 104 referred between mid 2018 and December 2019.

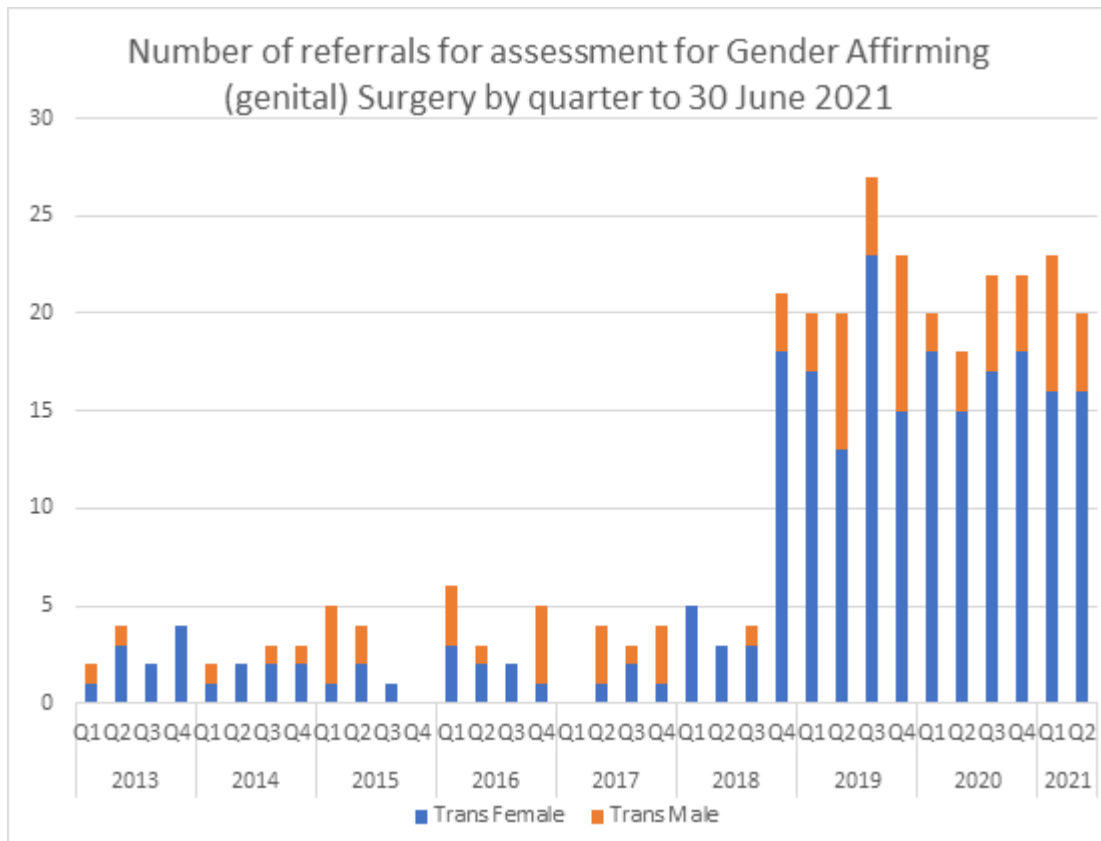
## **Prioritisation of referrals**

We are currently validating referrals of the longest wait patients. However, we intend to seek the views of the transgender community on other prioritisation criteria to understand if there could be reasons why some referrals should be prioritised for a first specialist assessment sooner than others.

## **The waiting list**

### **Background**

The chart below sets out the number of new referrals received by quarter between January 2013 and 30 June 2021. Overall 75 percent of the referrals are for trans women and 25 percent are for trans men. The number of people referred to the waitlist increased by over 160 percent between October 2018 and 30 September 2020.



## Current status

As at 30 June 2021, there were 297 referrals for a first specialist assessment on the Active list for the Service. Of these, 44 people have had their first specialist assessment. Following delays due to Covid-19 five surgeries were performed in 2020, five surgeries have been performed in 2021, with a further four booked between June and September 2021.

In total 43 patients have been marked as suspended from the waitlist mostly due to non-contact after several follow-up attempts were made. Patients marked as suspended from the wait list may be reactivated once they contact the Ministry and confirm their wish to proceed with their referral. Some patients have been suspended as they are currently not suitable candidates for surgery or have declined a first specialist assessment.

The waiting list is a list for a first specialist assessment with the Service. It is not a waiting list for surgery. Whether surgery is the right option for a patient is a matter for the Service and the patient to discuss at the first specialist assessment.

The number of people on the waiting list is constantly changing as new referrals are received and the waiting list is updated following the validation of referrals. This is because some people cannot be contacted, advise they no longer require surgery or need to address health issues before they can be considered for a first specialist assessment or surgery.

Therefore, attributing a 'number' to a referral on the waitlist does not depict the specific order that a patient may be considered for a first specialist assessment or the length of time someone may be on the waiting list.

The Ministry sends validated referrals with updated health information to the Service. Following the Service's review of the validated referrals either:

- the Ministry will contact a patient if the Service requires additional health information before considering them for a first specialist assessment or
- the Service will contact the patient directly with the offer of an appointment for a first specialist assessment.

The preparation time for surgery can be lengthy as patients may require weight loss, readiness assessment and/or hair removal prior to proceeding to treatment. There is no reimbursement available to patients who pay for hair removal prior to their first specialist assessment. The Service will arrange for hair removal procedures and readiness assessments if these are required.

## **National Travel Assistance**

A patient offered a first specialist assessment who needs to travel a long distance for the appointment may be eligible for financial assistance under the National Travel Assistance (NTA) Scheme.

A patient may be eligible for the NTA if they can answer yes to one of these questions:

1. Do you travel more than 350 km one way per visit for an adult, or
2. Will you visit a specialist 22 or more times in two months, or
3. Will you visit a specialist six or more times in six months, and travel more than 50 km one way per visit for an adult, or
4. Are you a Community Services Card holder and travel more than 80 km one way per visit for an adult?

The Service will assist patients register for NTA. Eligibility for NTA is decided by a patient's local DHB, after the DHB has received a copy of the NTA registration form and appointment letter from the Ministry.

If the local DHB does not approve financial assistance for travel under the NTA Scheme, travel may be an additional expense for the patient. Patients will be advised whether they are eligible for NTA well in advance of their appointment.