

23 September 2020



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Re: Official Information (OIA) Request

I refer to your official information request dated 10 September 2020 requesting the following information:

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 Auckland 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)

Auckland DHB either directly provides or funds services including:

Puberty blockers

- o Hormone replacement therapy
- o Fertility preservation
- o Mastectomy
- o Hysterectomy
- o Orchiectomy
- Counselling
- Other mental health support (primary mental health and secondary mental health as appropriate, and Peer Support)

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

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 orchidectomy are provided as part of the general elective services for the Auckland population. Auckland DHB does not allocate specific funding for volumes of surgical interventions for the Auckland transgender population.

Some fertility services are also 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 on behalf of the DHBs. The Ministry of Health can provide details of these services.

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

- o Breast augmentation
- Facial feminisation
- Laryngeal Shave
- Facial hair removal.

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

For services provided by the DHB:

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

Both the Centre for Youth Health and Sexual Health Services accept new patients.

Patients referred for surgery are assessed against the service's clinical prioritisation tool.

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?

An electronic waiting list in our patient management system was only instigated in late 2019, therefore we can only report indicative wait times which include transgender patients patients. 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.

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

Auckland 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/

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 on-going care once their care journey through Sexual Health has finished. Once seen by a doctor or nurse practitioner, a first readiness assessment appointment with either a psychologist or counsellor occurs approximately 6 weeks later. Two appointments are typically required about 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.

➤ 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?

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 at the following link:

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 Health Pathways which is used by GPs routinely to help plan patient care.

Patients are fully informed with the practice 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.

➤ Does the DHB have a Transgender Health Key Worker (or similar)?

Support for transgender patients is available through a key worker at the Auckland Regional Sexual Health Service.

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

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

Yes, Auckland DHB funds a youth specialist - the Centre for Youth Health (CfYH) at Counties Manukau DHB, and has done so since January 2017. Most young people within Auckland DHB's catchment who have been referred for 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 Auckland DHB or paediatric services.

➤ 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.

> 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 the COVID-19 response as the service adapted to telehealth as a means of continuing scheduled appointments.

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 above two responses.

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.

Yes, Auckland 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) Auckland. Support for mental health care is available for all ages through Community Mental Health Services.

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 which is now in place. This included commissioning services such as that provided by RainbowYOUTH, fertility services, and the establishment of the clinical guidance which is referred to above.

> 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 the answer above was informed by significant consumer consultation, and guided by a consumer and clinical advisory group. Clinical guidance was developed based on available evidence.

The two main providers, CfYH and ARSHS, conduct auditing as part of on-going quality improvement.

CfYH regularly review cases and pathways for shared care with primary care to try 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 up and will be published.

> 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?

Auckland DHB has three learning initiatives available:

Rainbow Diversity e-Learning

- This online module, created by the Rainbow Tick, offers some great ideas for employees to create a welcoming and inclusive environment in their workplace.
- It is included in our Mandatory Training requirement for all staff.
- It has been in place and available since July 2018.

Rainbow Diversity and Inclusion Workshop

- This workshop is designed to raise awareness of the specific issues facing LGBTIstaff and to consider what changes could be made. It is run as a guided conversation, and is designed to be a safe space where people can talk about these topics without fear.
- This is a 1.5 hour face to face workshop available for all employees to attend.
- It is a deeper dive of the online module.
- It has been available for all staff since June 2018.

Transgender Competency Online Module

- Throughout this course, staff will become more familiar with Gender Diverse and Transgender people, their identities and their health needs.
- This is available to all employees.
- This has been available since November 2018.
- ➤ Have any actions been taken based on complaints by transgender patients? If so, what actions have been made in response to complaints

Auckland 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.

Auckland DHB has identified and reviewed complaints which it has received from the transgender community. Action taken on these complaints has included: apologies being offered to the complainant, the provision of further training to staff and the feedback has

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.

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

Yours faithfully

Ailsa Claire, OBE

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Chief Executive

