


Agenda Item

2.1

Quality, Safety and Outcomes Sub-Committee
Escalation of Concerns: Welsh Gender Service

Dyddiad y Cyfarfod / Date of Meeting	24/08/2026
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Senior Leadership Team	17/08/2026	Endorsed

1. SITUATION/BACKGROUND

The Welsh Gender Service (WGS) is commissioned by the NHS Wales Joint Commissioning Committee (NWJCC) through Cardiff and Vale University Health Board (CAVUHB) to assess and refer patients to a central waitlist for gender reassigning surgery (masculinising and feminising) via NHS England (NHSE) providers.

The purpose of this report is to update members on concerns about the adult Welsh Gender Service (WGS) and their rates of referral to gender reassignment surgery. In addition, it has recently been highlighted to the NWJCC [REDACTED] that the rate of surgical referrals from the adult Welsh Gender Service is disproportionately greater than England's. The rate of surgical referrals per head of population for Wales varies between approximately three and five times greater than the rate per head of population for England.

It seems unlikely that the marked difference in referral rates reflects differences in the incidence of gender dysphoria between Wales and England, and Wales uses the same service specification for surgical referrals as NHS England.

Data has been obtained on the rate of proceeding from surgical review to surgical procedure. Of patients listed for masculinising chest surgery 97% proceed to surgery, while of those listed for masculinising genital surgery only 36% proceed to surgery. We understand from NHSE that the rate of proceeding to masculinising genital surgery for Welsh patients is an outlier and substantially lower than for patients from England. This again suggests that patients from Wales are being inappropriately referred for surgery with the potential for actual harm.

In addition, several complaints have been received by Welsh Government, CAVUHB, and the NWJCC alleging inadequate assessment prior to referral for gender affirming surgery.

Finally, concerns have also been raised by the [REDACTED] with the NWJCC Medical Director regarding the appropriateness of referrals to surgery from the WGS. This has been done verbally currently, but written confirmation has been requested.

A surgical review is underway via NHSE currently but given that approximately 35 patients per month are being referred for surgery via the WGS, to a wait list of already more than 700 patients from Wales, a temporary pause to referrals is recommended whilst the assessment and referral processes are reviewed by CAVUHB, to ensure clinical safety and good governance.

A review of the Welsh Gender Service is currently being undertaken by a panel of independent experts and is due to be completed by Q3/Q4. As a result of the

concerns highlighted above regarding the surgical element of the pathway this needs to be addressed as a matter of urgency.

2.0 SPECIFIC MATTERS FOR CONSIDERATION

2.1 Disproportionate number of referrals from WGS for gender surgery

The data below for 2025-26 from the Gender Dysmorphia National Referral Support Service (GDNRSS) - which is the NHSE commissioned national service that manages, validates, and routes referrals for gender surgery - evidence that the rate of surgical referrals per head of population for Wales varies between approximately **three and five times greater** than the rate per head of population for England. In every instance, masculinising chest or genital surgery, and feminising genital surgery, there are disproportionately higher rates of referral from the WGS than from Gender Identity Clinics (GIC) in England.

FY 2025-26	Referrals into GNRSS	Provided Population #'s	% of Referrals made for Total Population	Referrals Received per 100k Population
MCS	Received	Population	% Referrals	Per 100k Population
Welsh Gender Service	201	3,186,600	0.0063%	6.3
Total English Gender Services	904	58,620,100	0.0015%	1.5
MGS	Received	Population	% Referrals	Per 100k Population
Welsh Gender Service	53	3,186,600	0.0017%	1.7
Total English Gender Services	332	58,620,100	0.0006%	0.6
FGS	Received	Population	% Referrals	Per 100k Population
Welsh Gender Service	149	3,186,600	0.0047%	4.7
Total English Gender Services	567	58,620,100	0.0010%	1.0
Overall	Received	Population	% Referrals	Per 100k Population
Welsh Gender Service	403	3,186,600	0.0126%	12.6
Total English Gender Services	1,803	58,620,100	0.0031%	3.1

2.2 Appropriateness of referrals

Recent concerns have been raised by [REDACTED] to the NWJCC Medical Director and Associate Medical Director about the appropriateness of some referrals from the WGS, comparative to referrals from other Gender Identity Clinics (GIC).

A quarterly data report received this week from the Gender Dysphoria National Referral Support Service includes current and historical data that includes information on rejected referrals for several reasons.

The proportion of patients not proceeding to masculinising chest surgery, masculinising genital surgery and feminising genital surgery is summarised in the following table for consideration.

□

*Cases not progressed to gender surgery	Masc chest surgery	Masc genital surgery	Fem genital surgery
Inclusive of UAC	2.3%	73.7%	30.1%
Exclude UAC	1.08%	70.6%	28.5%

Reasons for non-progression include inappropriate referral; incomplete information; not meeting clinical threshold for surgery; not meeting BMI Threshold for surgery; mental health concerns; other clinical conditions; smoking; patient not engaging and patient choice (not electing to have surgery). Further information has been requested by the NWJCC Medical Director via the surgical lead to quantify and evidence the scale of these inconsistencies, comparative to other nations referrals, as a follow up to the meeting he had where these concerns were raised with him.

2.3 Complaints and concerns raised

There have been several complaints and concerns raised about the service via members of the public during the last couple of years. There has been an escalation from August 12th 2026 in matters of concern brought to the NWJCC's attention:

- Information obtained via a series of FOIs has been collated and shared with the NWJCC on August 12th, 2026, by one complainant that aligns with the issues of concern in 2.1 and 2.2 above. This also suggests that the WGS is not operating to the same specification as in England, and that many of the safeguards within the assessment process are not being followed in practice.
- A new complaint has been raised on August 14th to the Deputy First Minister, and Cabinet Minister for Social Justice and Equality by [REDACTED].
- A Whistleblowing letter from a Welsh citizen and medical professional was received on 13th August by the NWJCC Quality and Nursing team, copied to Cardiff and the Vale Health Board and Health Inspectorate Wales. The concern from the individual is that certain gender related surgical procedures are being presented to patients in a misleading way and that the evidence base, consent process, and governance arrangements supporting these interventions should be reviewed. [REDACTED]

[REDACTED]

Further to this, whilst there are no English or Welsh cases currently awarding damages to de-transitioners for surgery, courts are increasingly being asked to consider whether clinicians adequately assessed psychological readiness, whether information on risks was sufficient, and whether multi-disciplinary safeguards were followed.

2.4 Media interest and communications sensitivities:

Adult gender services are subject to significant public, Political, and media scrutiny. This creates a risk that emerging concerns regarding referral rates and governance arrangements may attract increased external attention before review findings are available, potentially leading to heightened stakeholder concern and uncertainty for patients.

The NWJCC and CAVUHB has already received media interest in relation to the Welsh Gender Service, regarding referral patterns, behaviour of clinicians, and governance arrangements, [REDACTED]

[REDACTED] Given the sensitivity of this area of healthcare and the vulnerability of the patient population, any communications will need to be carefully managed to ensure information is accurate, balanced and evidence-based while minimising unnecessary anxiety for patients and carers.

3. KEY RISKS / MATTERS FOR ESCALATION

Given the context in section 2, there is a risk in continuing to commission this service without assurance from CAVUHB of appropriate clinical governance. The NWJCC will work in partnership with CAVUHB to manage the position and mitigate any risk to patients.

This could lead to a potential patient safety risk, with serious quality concerns that some patients are being referred to surgery inappropriately. Many patients are also being rejected by surgical providers as they are not appropriate for referral in the first instance, leading to a potential detrimental impact on patients.

The options are:

- To do nothing, pending the outcome of the independent review of the Welsh Gender Service, continuing to assess and refer patients for surgery;
- To place the service in escalation, at level 4, suspending all patient referrals from GPs into the Welsh Gender Service, thereby, pausing the full range of assessment and treatment options provided to patients by the WGS;
- To place the service in escalation, at level 3, requiring CAVUHB to pause all referrals ongoing from the WGS for gender affirming surgery until there is assurance of appropriate clinical governance of referral pathways to surgery

- To temporarily suspend assessment by the NHSE surgical providers of those who have been referred and are currently on the central waitlist until the independent review has concluded, and there is assurance of appropriate clinical governance.

In addition to the options summarised above consideration needs to be given to support the commissioning of an external review of all individuals currently on the waiting list to ensure they are both eligible and appropriate for surgery.

These options would not impact on the wider treatment and support options for patients, such as hormone therapy support, endocrine reviews, and psychological support.

For context, NHS Lothian paused all referrals to gender affirming surgery between May and October 2024, whilst clinical governance steps were clarified and brought into line with other gender referral services in NHSE. In doing so, they also stopped offering surgical assessments in this period, to avoid building up a backlog of referrals.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Ensure Quality
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Not Applicable
	If more than one applies please list below:

Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Safe
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: However, this will be undertaken in full to support any decisions made.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: However, this will be undertaken in full to support any decisions made.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Potential for Legal challenges	
Enw da / Reputational	Yes (Include further detail below)	
	There are reputational issues. Wales is an outlier, referring disproportionate numbers of patients for surgery than in other nations. Concerns exist about the threshold for referrals, and the appropriateness of referrals via WGS.	

	These concerns have been raised by medical professionals, and by members of the public to C&V, NWJCC and to WG.
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) Gender surgery is financially resource intense. There are significant numbers of patients on a waitlist for complex surgery. This could divert resources away from other required areas.

5. RECOMMENDATIONS

The members of the Quality, Safety and Outcomes Sub-Committee are asked to:

- **Note** the report; and
- **Endorse** the recommended action
 - Escalate the service to Escalation Level 3,
 - CAVUHB to temporarily suspend referrals for gender surgery with immediate effect until assurance of clinical governance is in place
 - Commission an external review of all individuals on the waitlist to ensure they are both eligible and appropriate for surgery.
 - During this period there will need to be a temporary suspension of surgical assessments by the NHSE providers.

6. NEXT STEPS

The CEO and Chair of the Health Board will be notified that the service will be placed into escalation week commencing 24th August, by the lead NWJCC Director, in accordance with the NWJCC escalation process.

Acronyms / Glossary of Terms	
FGS	Feminising Genital Surgery
FOI	Freedom Information Request
GIC	Gender Identity Clinic
GNRSS	Gender Dysmorphia National Referral Support Service
JC	Joint Committee
MCS	Masculising chest surgery
MGS	Masculising genital surgery
MHLDVH	Mental Health, Learning Disabilities and Vulnerable Groups.
NWJCC	NHS Wales Joint Commissioning Committee
WGS	Welsh Gender Service