GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

Joint Committee Meeting: Responses to Questions from Members of the Public

Dyddiad y Cyfarfod / Date of Meeting	24/11/2026
Statws Cyhoeddi / Publication Status	Open/ Public Choose an item.

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Not Applicable		Choose an item.

This note details responses provided to questions asked in advance of the latest Joint Commissioning Committee Meeting (JC) on 24 November 2026. 13 questions were received, by four members of the public, by the published deadline. The NHS Wales Joint Commissioning Committee (NWJCC) responded to each request on an individual basis before consolidating all questions and answers into one document. Questions are recorded anonymously.

The responses below do not disclose confidential information or individual patient details, and the position may be updated as the independent clinical review and wider service review progress.

Questions:

1. Item 5.1.1 (QSOC Highlight Report, Escalation Trajectory). The report says that initial consideration of whether the pause could be lifted "was intended to follow multidisciplinary review of the first 30 reassessments", and that the review will establish "whether there is sufficient assurance to resume referrals or surgery, either generally or for defined groups of patients". Before that consideration takes place, will the Committee publish the criteria it will use to decide whether to lift, extend or modify the pause? And can the Committee confirm that all of the approximately 60 people listed for surgery between September and December 2026 will have been reviewed by the end of 2026, as the draft minutes at item 1.4 record?

Response:
The criteria for the interim review are set out within the published Terms of Reference for the Independent Clinical Review.

A verbal update on the Independent Clinical Review was shared at the Joint Committee meeting of the 24th November.

The review is being progressed as quickly as is clinically appropriate. While the intention is to complete these reviews as soon as possible, and prior to the end of 2026, the Committee would not wish to give an absolute undertaking that every review will be completed by a specified date where that will also depend upon individual circumstances, patient availability and the requirements of a clinically robust reassessment.

2. Item 4.1.2 (Organisational Risk Register, risk 101). The register lists a "Desktop review of patients awaiting surgical assessment" as a control. Will any patient be deferred or removed from the surgical pathway as a result of that desktop review without first being seen by a clinician? And will a flag on smoking or BMI alone ever lead to deferral, given that the NHS England service specification says a referral "may still be made" in both cases?

Response:
The desktop review is an assurance and case-identification exercise related to the wider gender service review. This will not replace individual clinical assessments of patients previously listed for surgery within the Independent Clinical Review.

Decisions within the Independent Clinical Review are made on the basis of relevant clinical information and the applicable service specification.

3. Item 4.1.2 (Organisational Risk Register, risk 100). The register lists "Referral benchmarking and activity analysis against NHS England services" as an existing control. Has that benchmarking been completed, and will the Committee publish its method and result, including the absolute numbers behind the 34% progression figure for masculinising genital surgery?

Response:
Benchmarking and activity analysis continues to be undertaken. The NWJCC will publish the outputs of the Independent Clinical Review and wider review of the gender service through its established governance mechanisms once both reviews are finalised.

4. Item 3.2 (Performance Report, Month 6). The report states: "Due to ongoing security and safety concerns, patients are not being offered listening discussions." The draft minutes at item 1.4 record that "welfare checks and responsive psychological support were in place", and risk 101 includes the action "Ensure appropriate psychological support for affected patients". Does the decision not to offer listening discussions apply to everyone affected by the pause, who took that decision, and what is being offered in its place?

Response:
The restriction on listening discussions reflects the security and safety considerations identified in relation to that particular process, which typically take place on a face-to-face basis. The decision was reached following advice from South Wales Police and security colleagues following threats and verbal abuse issued towards NWJCC staff arranging listening discussions. This does not remove the established routes through which patients can seek clinical support, information or raise a concern.

The Welsh Gender Service remains responsible for patients' ongoing clinical care and is providing additional psychological support for patients.

Patients who have undergone independent reassessment are also being contacted directly to discuss their individual outcome and next steps.

Where a patient is not currently assessed as clinically suitable to proceed to surgery, an individual care plan is being developed with the Welsh Gender Service and is to be discussed and agreed directly with that patient.

5. How many patients awaiting surgery with via the Welsh Gender Service have been reviewed to date as part of the independent clinical review, and what are the overall findings so far from this first set of patients? Has the independent review decided to continue to review patients beyond the first 30, and if so, what initial findings have prompted this?

Response:
It would not be appropriate to share emerging themes or preliminary findings while the Independent Clinical Review remains ongoing. The review is progressing in accordance with its Terms of Reference. A significant proportion of those listed for surgery have been assessed and had the outcome of their review communicated with them directly by the Welsh Gender Service.

6. When will the NWJCC and/or WGS next provide a public update on what is happening with the pause on surgeries and surgical referrals, given that there has been no public update since 5th October?

Response:
An overview of the present position is provided within the Chief Commissioners report shared within the Joint Committee papers (https://jcc.nhs.wales/committees/joint-commissioning-committee/committee-meeting-papers/november-2026/).

An update was also shared publicly within Quality, Safety and Outcomes Sub-Committee papers on the 30 October 2026 (https://jcc.nhs.wales/committees/quality-safety-and-

outcomes-sub-committee/quality-safety-and-outcomes-meeting-papers/october-2026/).

7. Why have you failed to meet with Trans Partnership Cymru, who are uniquely positioned to speak to the issues that trans people have and have not had with the Welsh Gender Service?

Response:
The non-clinical wider Welsh Gender Service review process will include canvassing the views of those with lived experience and including from relevant stakeholder groups

8. What risks to trans people from surgeries going ahead have been identified, and how have they been measured up against the serious risks outlined in the Equality Impact Assessment?

Response:
Consideration of the clinical risks to patients is undertaken by appointed independent clinical reviewers. The output of those reviews, including identified clinical risks, will be communicated with patients directly.

9. Are there plans to consult with trans men in Wales to answer the questions you have about the lower rates of going through with lower surgery? If not, why not?

Response:
The NWJCC's wider review of the Welsh Gender Service will consider the views of stakeholder organisations which may entail interaction with stakeholder groups individually, or on a group basis.

10. You have said that the Welsh Gender Service is providing psychological support, but have you given them extra resources to meet the massively increased demand?

Response:
The NWJCC remains in consistent communication with the WGS and Cardiff and Vale University Health Board as part of ongoing escalation arrangements. Any requirements for additional support can be discussed and considered within those operational engagements, or as needed through other existing commissioning channels.

11. As part of the review of WGS surgery referrals, why have some people been rejected for not socially transitioning when social transition is not a current requirement for surgery? Additionally, according to what I have seen, these people were non-binary and there is a limit to how far you can socially transition as a non-binary person in the UK as there is no legal X marker for passports and no legal recognition for intersex or non-binary people.

Response:
We are unable to comment on the clinical rationale for decisions linked to individuals, or groups of patients.

12. Is there an account for how the surgery pause has affected the WGS waiting list for people who have not had their first appointment yet?

Response:
We do not currently have sufficient information to confirm whether, or to what extent, the pause on surgery and surgical referrals has affected the Welsh Gender Service waiting list for people awaiting their first appointment. We are working with providers to ensure that those patients re-listed for surgery receive surgical appointments as soon as possible.

13. The NWJCC has affirmed that psychological support will continue on the WGS with suggestions for specific psychological support provision for those affected by the surgery pause. However, the WGS is no longer contracting Umbrella Cymru, which provided psychological support to the patients under its care, and it has not replaced them with any alternative service. Where will this psychological support come from?

Response:
Advice and guidance on the support available to patients can be found on the Cardiff and Vale University Health Board Frequently Asked Questions webpage: Welsh Gender Service Update - FAQs - Cardiff and Vale University Health Board

Further information
The full Joint Committee meeting of 24 November 2026 can be viewed online, and the agenda, questions and meeting papers—including the Chief Commissioner's report, Quality Impact Assessment and Equality and Welsh Language Impact Assessment—can be accessed on the NWJCC Committee Meeting Papers page.

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