

Terms of Reference:

Independent Review of Referrals for Gender Affirming Surgery from the Welsh Gender Service

September 2026

Aims

To provide independent clinical advice, scrutiny and assurance to the NHS Wales Joint Commissioning Committee on the appropriateness of the assessment, decision-making and referrals of individual patients from the Welsh Gender Service for gender-affirming surgery.

The review should identify both good practice and any areas requiring improvement, and make recommendations necessary to support a safe, effective, equitable and sustainable service.

Rationale

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 patients and make referrals for NHS England (NHSE) commissioned gender affirming surgery. Through routine quality, safety and assurance processes, the NWJCC identified concerns relating to referral activity, referral appropriateness, and clinical governance arrangements within the service. Consequently, the NWJCC has placed the Welsh Gender Service in escalation and introduced a temporary pause affecting referrals for surgical assessment and progression to surgery.

This decision was taken in response to data from the Gender Dysphoria National Referral Support Service (GDNRSS) suggesting that the rate of referrals per head of population for gender affirming surgery from the WGS was significantly higher than from English gender services. For the year 2025/26, the rate for referrals for gender affirming surgery from the WGS was 12.6/100k population compared with 3.1/100k population for the English Gender services. Dependent on the surgical procedure, rates of referral were 3 – 5 times greater for Welsh patients compared to English patients.

Furthermore, data from the GDNRSS suggests that although the rate of proceeding to masculinising chest surgery (MCS) for patients referred by the WGS at 97% is comparable to those referred by English gender services, NHSE advisors suggest that the rate of proceeding to masculinising genital surgery for WGS referrals at 34% is markedly different to those referred by English gender services (approximately 70-90%).

Referral rates from Wales are therefore higher than those reported for English gender services. This difference does not, in isolation, establish that either the Welsh or English referral threshold is clinically appropriate. However, the combination of higher referral rates, the reported lower rate of progression to masculinising genital surgery, concerns expressed by clinical advisers and information arising through complaints provides a reasonable basis for further independent review.

The review should therefore examine possible explanations for the observed variation and should not assume in advance that higher referral activity necessarily represents inappropriate referral. It should consider differences in population need, case mix, referral criteria, assessment practice, patient preference, procedure type, changes in clinical circumstances during prolonged waits, data definitions and the operation of the respective pathways.

On balance, the NWJCC considers that the safest option is to maintain the current pause while the independent clinical review establishes whether there is sufficient assurance to resume referrals or surgery, either generally or for defined groups of patients.

For the purposes of this review, the surgical pathway comprises three stages: referral for surgical assessment; assessment by the surgical provider; and proceeding to surgery

The NWJCC has engaged experienced independent gender clinicians to review the assessment and decision-making for patients at different stages of the surgical pathway and to examine the associated clinical pathways and governance arrangements.

Scope of Review

Individual Patient Review

Before case review work begins, the independent clinicians and the commissioner should agree a standard review framework, evidence requirements and definitions for eligibility, readiness, appropriateness, adequate assessment and insufficient information. The framework should be based on the NHS England service specification and applied consistently across all stages of the review.

The review will consider three broad groups of patients

1. Patients who were either due surgery at the time of the temporary pause on 26.08.26 or are due surgery between then and 31.12.26. These are the immediate priority group for assessment
2. Patients who have had a surgical assessment and are awaiting surgery with a date for surgery sometime after 31.12.26
3. Patients who have been referred for surgery but are waiting for a surgical assessment

Patients who have commenced a planned series of related surgical procedures will not routinely require individual reassessment before continuing that series, unless a new clinical or safeguarding concern has arisen. Relevant records may nevertheless be included in anonymised thematic analysis where they provide information about the operation of the referral or governance pathway.

Stage 1: Patients listed for surgery before 31.12.26

Aims

To assess the appropriateness of the original assessment and referral of patients listed for gender-affirming surgery between 26.08.26 and 31.12.26, and to determine whether there is sufficient current assurance regarding their eligibility and readiness to proceed.

Methods

Estimates from surgical providers are that there are approximately 60 patients who were planned to have surgery between the pausing of surgery on 26.08.26 and 31.12.26. Each patient will be allocated to one of the independent clinicians for review. The review of assessments will include a notes review and a virtual consultation. The structure of the review will be based on the NHS England service specification. Virtual assessments are the default, but if there are some patients who cannot/are unwilling to be assessed virtually, face to face assessments will be arranged at a later date.

Assessment will include:

- Gender history

- Transition related information
- Social related information
- Relevant forensic or safeguarding history, where clinically indicated
- Mental health review
- Physical health
- Surgical discussion with readiness assessment, if clinically indicated.

The independent clinicians will have regular meetings for a multidisciplinary discussion of each individual patient and offer a consensus opinion on the appropriateness for surgery.

Following multidisciplinary discussion the independent clinicians should record their consensus opinion for each case, so far as can reasonably be determined from the available evidence:

- whether the applicable referral and assessment procedure followed the NHS England service specification for gender affirming surgery;
- whether required information was obtained, considered and documented;
- whether relevant physical, psychological, mental health and wider health needs were appropriately assessed;
- whether areas of uncertainty or competing clinical considerations were identified and managed;
- whether the decision was considered through the appropriate multidisciplinary process;
- whether the rationale for referral was supported by the information available at the time;
- whether any departure from the usual pathway was identified, justified, documented and subject to appropriate oversight.

For each patient, the independent clinicians should provide a reasoned opinion using the agreed review framework and distinguish between:

- referral and assessment appropriate, with sufficient assurance to proceed;
- referral reasonable, but specified information from WGS or further assessment is required before proceeding;
- referral did not meet one or more applicable requirements at the time, but the patient is now eligible and ready to proceed;
- patient is not currently eligible or ready to proceed, with the reasons and required next steps identified;
- insufficient evidence to reach an opinion; and
- an immediate clinical or safeguarding concern requiring escalation.

The independent clinicians should identify the evidence supporting the conclusion, any information unavailable and the degree of confidence in the opinion.

Any concern indicating an immediate risk to an individual patient or to the safety of the wider service should be communicated without delay through an agreed escalation route to the responsible clinical provider and the NWJCC. The independent clinicians should record the concern, the recipient, the action requested and the date of escalation. Urgent concerns should not await a multidisciplinary meeting, interim review or final report.

The independent clinicians should distinguish between:

- whether the original referral was reasonable on the evidence and standards applicable at the time;
- whether the original assessment and decision-making process was sufficiently complete and appropriately documented; and
- whether the patient is currently eligible and ready to proceed, recognising that clinical circumstances, health status and patient preference may have changed during the waiting period.

A finding that a patient is not currently ready for surgery should not, without further evidence, be taken to mean that the original referral was inappropriate. Conversely, current readiness should not by itself provide assurance that the original assessment or governance process was adequate.

Prioritisation should principally reflect clinical urgency and the consequences of delay. Any interim conclusion about the wider pathway should, however, take account of the characteristics and representativeness of the cases reviewed. Where the priority cohort does not adequately represent relevant procedure types, time periods or stages of the pathway, additional targeted sampling should be considered before wider assurance is concluded.

The commissioners should confirm that the available clinical and administrative resource is sufficient to complete the individual assessments, regular independent clinician meetings, pathway and governance review, thematic analysis and reporting within the required timeframe without compromising the quality or consistency of the review.

Outputs

For each patient, the independent clinicians will provide one of the reasoned opinions set out in the Methods section. The WGS in consultation with the surgical providers and NWJCC will then determine the action required through the defined governance process. This may include:

- reinstatement to the surgical pathway where there is sufficient assurance to proceed;
- obtaining specified information from the WGS or completing further assessment before a decision is made;

- referral back to the Welsh Gender Service with clearly documented reasons and required next steps;
- reconsideration by the relevant clinical or commissioning decision-maker where the evidence remains incomplete or there is disagreement; or
- immediate escalation of any urgent clinical, safeguarding or patient-safety concern.

The patient should be informed of the decision, the reasons for it, any further action required and the route for reconsideration or raising a concern.

The independent clinicians are providing advisory opinions under these terms of reference and do not assume ongoing clinical responsibility for individual patients. Clinical responsibility for the patient's continuing care remains with the WGS as the responsible provider, subject to the ordinary responsibilities of any clinician or provider delivering a specific part of the pathway. The WGS remains the primary source of psychological support throughout the review process.

Decisions to reinstate, defer or remove a patient from a surgical pathway should be taken through a defined governance process by the WGS in consultation with the surgical providers and NWJCC. That process should consider the independent opinion, ensure appropriate clinical input, provide the patient with clear reasons and next steps, and include arrangements for reconsideration where further information becomes available.

The review process should be distinct from the NHS Wales concerns process. Patients should receive clear and accessible information about how to raise a concern about the care originally provided, the conduct of the independent assessment or the subsequent decision taken by the responsible organisation. Any such concern should be managed by the relevant responsible body in accordance with the Listening to People: NHS Wales complaints, incidents and redress guidance. This includes offering the person an early listening discussion, considering whether early resolution is appropriate, explaining how the concern will be investigated where further consideration is required, keeping the person informed, and providing access to advocacy, communication support and reasonable adjustments. Raising a concern should not adversely affect the patient's care or their consideration under this review.

Interim review

An interim review of outputs will be conducted in collaboration with the NWJCC and the NHSE surgical lead after 30 assessments to determine the need to assess the further 30 patients.

Before the interim review, the commissioner and independent clinicians should agree the criteria that would provide sufficient assurance to stop, extend or modify the review. These should consider not only the number of referrals judged appropriate, but also the nature and seriousness of any concerns, consistency between reviewers, evidence of recurring pathway or governance weaknesses, and whether the cases reviewed adequately represent relevant procedures, clinicians and time periods.

The absence of concerns in an initial convenience sample should not alone be treated as assurance regarding the wider service.

Stage 2: Patients who will be listed for surgery after 31.12.26

Aims

To assess whether patients listed for gender affirming surgery after 31.12.2026 have been appropriately assessed to include eligibility and readiness for surgery.

Methods

Stage 2 is dependent on the outcomes of stage 1. If assurance is gained after the review of 30 or 60 patients, stage 2 will not need to proceed. If assurance is not gained, Stage 2 will mirror stage 1.

Outputs

As stage 1

Stage 3 a and b: Patients who have been referred for surgery but are waiting for a surgical assessment

Stage 3a:

Aims

To assess whether patients referred for gender affirming surgery have been appropriately assessed to include eligibility and readiness for surgery.

Methods

A desktop review will identify patients who appear not to meet one or more basic clinical criteria, including applicable requirements relating to BMI, smoking or duration of hormone treatment. Any apparent ineligibility, missing information or uncertainty should be referred through the defined governance process before a decision is made to defer or remove the patient from the surgical pathway.

Arden and GEM will be asked to analyse cases identified through the desktop review to determine whether there are recurring patterns in apparent ineligibility, missing information or non-compliance with referral requirements.

Outputs

The desktop review will identify cases in which the available information indicates that the basic referral criteria have been met, cases requiring further information or assessment, and cases in which one or more criteria appear not to have been met. Any subsequent decision affecting the patient's pathway will be made through the defined governance process.

Stage 3b:

Aims

To assess whether patients referred for gender affirming surgery have been appropriately assessed to include eligibility and readiness for surgery.

Methods

Assessment of patients as in Stage 1

Outputs

Outputs as stage 1

Plan and Objectives

The independent clinical advisors will collate and analyse the findings from individual reviews to identify recurring themes, including:

- the type and frequency of unmet or incompletely documented requirements;
- the stage of the pathway at which concerns arise;
- variation between procedure types, clinicians or time periods, where the data permit;
- the reasons patients did not progress following surgical assessment;
- examples of good practice;
- possible contributory factors within the pathway or governance system; and
- any findings indicating an immediate risk requiring action before completion of the final report.

The review should distinguish isolated case-level issues from recurrent or systemic findings and should state the strength and limitations of the evidence supporting any conclusion.

Identify any material departure from the applicable service specification, commissioning requirements, evidence-informed professional standards or approved local procedures, and assess the clinical significance of that departure;

Liaise with the NWJCC on a regular basis and highlight any areas of concern.

The final report should:

- describe the methodology, standards applied and limitations;
- report anonymised aggregate findings and thematic analysis;
- identify any immediate safety actions already recommended;
- make prioritised recommendations, identifying the organisation responsible for each;
- distinguish actions required before referrals resume from longer-term service improvements; and
- propose measures by which implementation and impact can be tested.

Recommendations should not be regarded as complete solely because an action or revised document has been produced. Closure should require evidence that the change has been implemented and, where practicable, that it has improved the quality or reliability of the pathway.

Separately to the review of surgical referrals, the NWJCC has commissioned a long planned whole service and governance review of the WGS. Any thematic findings and observations arising from the independent clinical review of the surgical pathways should be made available to inform the wider review of the WGS.

Considerations

The independent advisors should specifically address:

Area	Key Question
Safety	Is the current model clinically safe?
Quality	Does the service deliver high-quality care?
Effectiveness	Is care aligned with current evidence and standards?
Psychological Support	Are psychological needs appropriately addressed?
Mental Health	Are psychiatric and mental health interfaces adequate?
Primary Care	Are primary care arrangements sustainable and effective?
Governance	Are governance arrangements sufficiently robust?
Service Improvement	What changes are required to address the findings of the review and support safe, effective and sustainable delivery?



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