Agenda Item
2.3

Joint Commissioning Committee

Chief Commissioner's Report

Dyddiad y Cyfarfod / Date of Meeting	22/09/2026
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Awdur yr Adroddiad / Report Author	Various Officers
Cyflwynydd yr Adroddiad / Report Presenter	Juliet Brown, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Juliet Brown, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee/Group/Individuals	**Date**	**Outcome**
NWJCC Senior Leadership Team	09/09/2026	Endorsed

1. SITUATION/BACKGROUND

The purpose of this report is to update the Joint Commissioning Committee (JC) on key issues that have arisen since the JC meeting which took place on 21 July 2026. A number of issues raised within this report may also feature in more detail within the other reports as part of scheduled business.

2. SPECIFIC MATTERS FOR CONSIDERATION

Welsh Gender Service (WGS)

Through routine quality, safety and assurance processes, the NWJCC identified concerns relating to referral activity, referral appropriateness, and clinical governance arrangements within the WGS. Data supplied by the GDNRSS (Gender Dysphoria National Referral Support Service), which is the NHS England (NHSE) commissioned national service that manages, validates, and routes referrals for gender affirming surgery to Providers, identified that referral rates from the WGS for gender affirming surgery are significantly higher than those from Gender Identity Clinics in England, with rates varying between approximately three and five times higher per head of population.

An overview of the recorded position for 2025/26 is as follows:

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

Concerns were also raised by NHSE clinical colleagues about appropriateness of referrals and clinical suitability. Such concerns have been echoed in complaints and correspondence received from members of the public. The NWJCC has a duty to the residents we serve to ensure that the services we commission are providing safe and effective services for the people using them. Taken together these concerns, along with the data analysis, highlighted potential issues that the NWJCC needed to take seriously. As a result, the matter was escalated through the NWJCC's quality and governance arrangements and considered by the Quality, Safety and Outcomes Committee (QSOC) on 24 August 2026.

On 24th August 2026, the QSOC met and endorsed the NWJCC's recommendation to:

- Escalate the Welsh Gender Service to Escalation Level 3, thereby pausing referrals from the Welsh Gender Service for gender affirming surgery;

The Committee also considered and endorsed proposals to:

- Pause surgical assessments by providers; and to pause gender affirming surgery for patients referred by the WGS; and to
- Undertake an urgent independent clinical review of patients on the surgery waiting lists.

The WGS was **placed in escalation, level 3** on August 26th, 2026. This action relates specifically to referrals for gender surgery and at this stage does not affect other elements of the Welsh Gender Service, including psychological support, endocrine support or hormone therapy services. It also should be noted that clinically necessary follow-up care for patients who have already undergone surgery, those progressing through a planned series of surgical procedures as part of their transition, patients requiring treatment for complications, and those who need other clinically necessary aftercare is unaffected by the pause.

NHSE GDNRSS, who centrally manage, validate, and route referrals from the central waitlist for gender affirming surgery, and the Surgical Providers in England were informed of the pause to assessments and surgery, and are working with NWJCC and Cardiff and Vale UHB (CAVUHB) to put this in place.

Having taken this decision, it is important that the NWJCC now proceeds with the review to minimise the time of uncertainty for people who have had their surgery paused, that surgery, if appropriate, is reinstated as quickly as possible and that all those impacted are supported effectively through the process. We have identified that approximately 60 patients were due surgery between the pausing of surgery in August and the end of December, our priority is to bring certainty these people as quickly as possible.

Appointments to the independent clinical review panel have been made. Subject to final governance approval, it is anticipated that the review's terms of reference will be approved and the panel will commence its work during the week

commencing 21 September 2026. We are confident that all 60 can be reviewed before the end of December.

Concurrently we are undertaking a desktop assessment of those awaiting surgical assessment to ensure that all basic eligibility criteria are met. It will be important to ensure that there is appropriate psychological support for those on both the surgical waiting list and the assessment waiting list, particularly for those who may not be considered eligible for surgery.

Latest iterations of the Equality and Welsh Language Impact Assessment (EWLIA) and the Quality Impact Assessment (QIA) prepared in support of this work are attached for information; both are living documents and will be continually reviewed and updated as the review progresses and further evidence becomes available.

The overarching quality benefit of the pause is the safeguarding of individuals on the referral pathway, to seek assurance that assessment and referral pathways are safe, clinically appropriate and evidence based. The EWLIA highlights the impact of the pause on the different protected groups and will guide the process as we proceed. Equality data analysis will also enable insight into the impact of decisions taken through the review on different groups and for appropriate mitigating measures to be put in place, if required.

In parallel, NHSE is undertaking a review of gender surgery services, the outcomes of which is expected to report in 2027.

The (non-surgical) independent review of the Welsh Gender Service, that has already commenced, will continue as planned and will consider all aspects of the service. This comprises both quality and clinical governance elements. The review will focus primarily on assessment, referral and non-surgical aspects of the pathway, while considering relevant pathway interfaces and engaging key stakeholders, including health boards, partner organisations, patients and carers. Initial findings are expected in Q3/Q4 2026, with recommendations to be reported to the Joint Committee thereafter.

Delivery of Advanced Therapies in Wales

An options workshop was held in August with colleagues from the Advanced Therapies Wales Programme and Welsh Government to explored potential financial frameworks to clarity funding for service costs to support the adoption and delivery of advanced therapies in Wales, an options appraisal is currently being developed and will be reported to NWJCC at a later date.

2.1.1 Director of Commissioning for Specialised Services

South Wales Plastic Surgery:
The South Wales Plastics Service, commissioned from Swansea Bay University Health Board (SBUHB) remains at Level 2 escalation due to demand continuing to exceed capacity because of limited theatre access and the need to recruit an additional Head & Neck/Skin Surgeon. While the Welsh Government maximum waiting times for elective care (104 weeks) is currently being met, this can only be sustained with additional lists each month supported by planned care funding.

A detailed delivery plan setting out the additional activity required each month to maintain a maximum 104-week wait to March 2027 has been shared with the NWJCC, with confirmation of additional planned care funding and assurance on theatre and workforce capacity still awaited.

De-escalation will be considered once planned care funding and additional capacity to sustain the waiting times within the target is confirmed. Longer-term recurrent solutions are being developed through a whole-service demand and capacity assessment, planning for sustainable theatre and staffing capacity, and inclusion of required baseline investment within the IMTP process.

Welsh Fertility Institute:
The NWJCC commissions Swansea Bay University Health Board (SBUHB) to provide fertility and assisted reproduction services to the South Wales Population. The service known as the Welsh Fertility Institute (WFI) has recently experienced the unexpected absence of its designated Responsible Person. This is a critical role required by the Human Fertilisation and Embryology Authority (HFEA).

Through the absence, the HFEA advised SBUHB that it could continue to deliver treatments which had commenced; however, it should temporarily pause new IVF treatments for a period of four weeks whilst the issue was resolved. This was a regulatory matter and there are no related safety related issues within the service, there was also no impact on gametes and embryos in storage.

During the absence, SBUHB wrote to affected patients, whose care was delayed and offered appropriate support. The Health Board also sought contingency arrangement, including agreeing support from Shropshire, Telford and Wrekin Community and Hospitals NHS Group (a commissioned provider) for oncology referrals and sought cover support from the Cardiff site's Responsible Person, which requires the agreement of the HFEA.

The Responsible Person is now on a phased return to work and a plan is in place to resume new treatment cycles in a phased way from the 22nd of September 2026, SBUHB will be writing to affected patients to confirm this.

The NWJCC is continuing to meet regularly with SBUHB's operational, and communication leads to ensure progress is maintained and provide support as

appropriate. The NWJCC and SBUHB had previously commenced work to better understand the longer-term sustainability of the WFI service. Both parties have agreed to expedite this work over coming weeks and extend it to include a review of service outcomes and standards alongside financial sustainability. The output will be brought back to committee in due course.

Thirlwall Report – Neonates

The NWJCC notes the publication of the Thirlwall Report into neonatal services at the Countess of Chester. The findings and recommendations will be reviewed and considered for NWJCC commissioned services. There are likely to be considerations and actions both for business-as-usual commissioning and the Neonatal Strategic Review going forward. More widely, it presents challenge on how, as commissioners, assurance from separate intelligence sources for small services with high variability is used or indicates wider systemic issues.

2.1.2 Director of Commissioning for Ambulance Services and National Programmes

Rural Response Model

Following the Joint Committee's consideration of the Rural Response Options paper in March 2026 and its agreement to an engagement approach in July 2026, work has progressed to develop supporting materials and secure the involvement of Health Boards, the Welsh Ambulance Services University NHS Trust (WAST) and Llais. During this process, further questions have arisen aimed at ensuring meaningful engagement.

The revised focus is proposed to cover the effective delivery of both emergency and planned response and health transport services in rural areas. The findings would provide the evidence base for a future commissioning strategy for rural ambulance provision. Delivery options range from using existing Health Board mechanisms to circulate a bilingual briefing and questionnaire, through to externally commissioned focus groups and the use of learning from relevant Health Board consultations.

Discussions are ongoing on the revised approach with the aim of beginning engagement during October 2026 and report to the Joint Committee in January 2027. It is proposed that the outputs are jointly analysed by JCC, Health Board and WAST colleagues through a focused task and finish group, with Llais asked to confirm that the revised process remains appropriate.

Remote Clinical Assessment and Clinical Support Hubs

The proposal for regional Clinical Support Hubs (CSHs) has continued to develop following discussions at CEMT in April and July 2026. The JCC has engaged Health Boards, GP Out-of-Hours services and clinicians to assess whether activity currently managed through CSHs could be delivered through Health Board Single

Points of Access (SPOAs), alongside consideration of funding and activity distribution models.

Feedback was sought on current remote clinical assessment arrangements, the role of CSHs, future commissioning options, and the balance between national and local delivery. While views varied, there was broad support for a more locally delivered model, with concerns expressed about the practicality of managing activity nationally.

Key themes from engagement include:

- Limited transparency on whether the original 111 model objectives are being achieved.
- Insufficient activity data to support workforce planning and service modelling.
- Increasingly complex patient journeys involving multiple handovers.
- Strong preference for local delivery, reflecting better pathway knowledge, local relationships and risk management.
- Support for the majority of remote clinical assessment activity to be managed locally.
- A need for stronger operational engagement and governance arrangements.

Feedback suggests a preference for local multidisciplinary teams to manage complex remote clinical assessment activity, with WAST continuing to provide infrastructure and support for emergency and lower-acuity demand and national resilience functions.

Subject to confirmation of in-year funding arrangements, the JCC is exploring a pilot "test of change" within a Health Board area over winter 2026/27. This would strengthen local SPOA arrangements, supported by WAST where required. Detailed proposals are being developed with WAST and Health Boards prior to any final decisions.

The findings will inform a paper to the JCC and Health Board Chief Executives in October 2026.

Sexual Assault Referral Centres (SARC) Commissioning

NWJCC and Police colleagues are working to establish a streamlined commissioning structure and 18-month programme for SARC services, including the future service model, specification, financial plan and performance framework.

An outline timeline has been developed, and governance arrangements are being established. Current work is focused on mapping existing service models, demand, activity and funding to inform a consistent commissioning approach across Wales.

The Direct Award 2 process is nearing completion to continue NWJCC-commissioned counselling and therapeutic services from 1 April 2027 to 31 March 2028, ensuring stability during transition to the future model.

Senior leadership changes within Policing and NWJCC are being managed, with introductory meetings underway and revised NWJCC arrangements to be confirmed in early autumn.

NHS 111 Wales Digital Development

As previously reported to the Committee in May, recurrent funding has been allocated to the JCC to support the development of the NHS 111 digital front end. WAST has submitted an initial business case and the Ambulance Commissioning Team is working with the provider to refine the proposal and ensure alignment with wider commissioning intentions.

The development of a digital front end has a number of important interdependencies across the urgent and emergency care system. In particular, consideration will be required regarding the extent to which patients assessed through a digital pathway can be directed to subsequent services without additional call handling or clinical intervention.

A key policy and commissioning consideration is the appetite across NHS Wales for direct referral from a digital assessment into GPOOH services. This has implications for clinical risk, service capacity, patient experience and system flow. Early strategic direction from the Committee on these principles would support the further development of the business case and operating model.

The Commissioning Team will continue to work with WAST and system partners and will bring a discussion paper to an appropriate JCC forum to seek further guidance on the preferred approach.

2.1.3 Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG)

Services in escalation:

Caswell Clinic

Caswell Clinic was **de-escalated** from Level 3 to Level 2 in July 2026, reflecting significant progress in addressing the concerns identified through the improvement programme and strengthening quality, safety and operational arrangements.

A joint review by NWJCC and Swansea Bay University Health Board confirmed that immediate risks have been mitigated, and most improvement actions have been completed. This decision recognises the considerable progress that has been

made by staff across Caswell Clinic and SBUHB in addressing the issues identified within the Improvement plan since late 2025.

Under Level 2 arrangements, enhanced oversight and support will continue through a programme of monthly assurance meetings focused on delivery of the remaining improvement actions. Ongoing areas of monitoring include care planning, clinical risk assessment processes and governance arrangements to ensure improvements are sustained. Independent Members have also been invited to undertake a follow-up visit to Caswell Clinic to observe progress and engage with staff on the service's continued development.

CYP Gender services

The NWJCC commissions all aspects of CYP Gender Services through NHS England. NHS England has continued implementation of recommendations of the Cass Review (2024) through the establishment of regional Children and Young People's (CYP) Gender Services. Alder Hey, Great Ormond Street Hospital, Bristol and Southwest are operational and the East of England service, hosted by Cambridge University Hospitals, has recently come online and is recruiting staff. Sheffield, Birmingham, Newcastle and Southampton are in the process of being mobilised. It is anticipated that all services will be established by mid-2027.

Welsh patients continue to access Specialist CYP Gender Services through NHS England's regional service network. In early 2026, the Bristol and Southwest service set up a Satellite Clinic in Cardiff hosted in clinic space within CVUHB but run by Bristol and Southwest. The frequency of these clinics has increased in this period from one to two per month.

These new Children’s services are underpinned by a holistic assessment model with children and young people seen up to the age of 18 years. Referrals to the service are made by CAMHS teams regionally in Wales and are allocated to a National Waiting list held and managed by NHS England Arden and Gem Clinical Support Unit.

In addition, a National Provider Network hosted by Alder Hey NHS Foundation Trust has been established. This serves the function of implementing the recommendations of the Cass review and enables leaders to benchmark, develop shared learning, quality improvement initiatives, and build upon practice evidence.

St Andrews Healthcare: Hospital Framework

St Andrew’s Healthcare remains suspended from the National Framework Agreement, with NHS England continuing to coordinate plans for the exit of all remaining framework patients. The number of Welsh patients placed at the hospital has reduced from 22 to 4, with discharge or transfer arrangements

agreed for two patients and active placement planning underway for the remaining two patients.

The final placements continue to present significant challenges due to the complexity of patients' needs and the limited availability of suitable specialist provision. From September 2026, management of the hospital will transfer to Northampton NHS Trust, requiring any remaining placements to be managed through direct commissioning arrangements rather than the Framework. A key strategic concern remains the absence of alternative medium secure learning disability provision for women, following the decommissioning of services previously provided by St Andrew's.

Traumatic Stress Wales: Transfer to PHW

Following agreement by the JCC in November 2025 to transfer Trauma Support Wales from NWJCC to Public Health Wales, progress was delayed due to the complexity of staff contractual arrangements and the requirement for external legal advice. Following receipt of legal advice in July 2026, negotiations concluded and formal approval for the transfer was granted by Public Health Wales on 5 August 2026.

A formal TUPE consultation commenced on 20 August 2026 and is currently underway with affected staff and trade unions. Subject to completion of the consultation process, staff will transfer on 1 November 2026. To support a smooth transition, regular oversight meetings will commence from October between the TSW Deputy Director, the PHW Programme Director and the NWJCC Deputy Director for Mental Health, Learning Disabilities and Vulnerable Groups. Commissioning budgets for health board service activity will remain within NWJCC to maintain oversight and ringfencing arrangements.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality Reduce Duplication Improve Equity and Population Health Facilitate Integration
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)	A Healthier Wales
	A Prosperous Wales A Resilient Wales A More Equal Wales A Wales of Cohesive Communities A Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People Data to Knowledge Learning, Improvement and Research Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient Equitable Person Centred Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / **Quality** Have you undertaken a Quality Impact Assessment Screening?	Yes: ☐	No: ☒
	Outcome:	n/a
Cydraddoldeb	Yes: ☐	No: ☒

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / **Equality** Have you undertaken an Equality Impact Assessment Screening?	Outcome:	No specific equality screening is required for this paper.
Cyfreithiol / Legal	National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	There is no direct impact on the reputation of the HBs or the JC as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / **Resource Impact** (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

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

4. RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

- **Note** the report.