LLAIS
Eich llais mewn iechyd a gofal cymdeithasol | Your voice in health and social care

WHAT WE ARE HEARING: THE PAUSE TO GENDER-AFFIRMING SURGERY

November 2026

Accessible formats
This document is also available in Welsh. If you would like it in another format or language, contact us at enquiries@llaiscymru.org or on 02920 235 558.

SUMMARY

Summary

In late August 2026, referrals for gender-affirming surgery, surgical assessments and scheduled operations through the Welsh Gender Service were paused while an independent clinical review takes place. The decision was taken by the NHS Wales Joint Commissioning Committee (NWJCC), which commissions specialist services on behalf of Wales's seven health boards.

Since then, people affected, and the organisations that support them, have told us about severe distress, surgery cancelled days or hours before it was due, and months of not knowing what happens next. Some told us they first heard about the pause on social media. The health board that hosts the Welsh Gender Service wrote to 451 people. The first stage of the review covers around 60 people, so most do not yet know when their case will be looked at.

People told us they want:

- clear and regular communication about the review and its progress
- clear reasons for the pause, and the evidence behind it
- timescales they can plan around
- a real say in decisions about their care
- emotional and psychological support while they wait
- confidence that decisions are clinically led, transparent and based on evidence

NHS bodies are right to act on concerns about safety, and Llais is not calling for surgery to restart where it would be unsafe. Our role is to make sure the people affected are heard, and treated fairly, while the clinical review takes place.

We share people's concerns about how the pause was decided and carried out. Llais considers the pause to be a service change. Furthermore, the pace at which the NWJCC acted indicates that it regarded the situation as meeting the criteria for an urgent service change arising from patient safety concerns. Whatever the basis for the decision, Welsh Government guidance on managing service changes should have been followed. This was not the case. The NWJCC does not accept our view and maintains that the pause did not amount to a service change.

It is deeply concerning that the voices of the people affected were not at the heart of a decision that changed their care. We remain concerned about the decision-making process, and the governance of how a decision this important was taken and carried out, and will raise these concerns with the NWJCC.

More than two months on, some people remain very upset, angry, distressed and confused, because most still do not know when the review will contact them. Our asks focus on what would help people now: knowing where they stand, being supported while

they wait, taking part in the clinical review with confidence, and having a real say in what happens next.

OUR APPROACH

Our role and how we gathered this information

OUR ROLE

Our job is to listen to people, make sure their voices reach those making decisions, and hold services to account for how people are treated. Everyone who uses health and care services in Wales deserves to know what is happening to their care, to understand why, and to have a say. That applies to this service as it would anywhere else.

Between late August and early October 2026, we heard from:

- 27 people through our national survey
- 19 people in one-to-one interviews
- 7 representative organisations, which support and work with a large number of trans and non-binary people across Wales

Most of what we heard came from people directly affected by the pause, or from organisations supporting them. We did not hear from anyone who supported the pause.

This report reflects what people and organisations told us. It is not a survey of everyone affected, and it does not claim to speak for all 451 people on the surgical pathway or for the whole trans community. The representative organisations we met work with many people affected by the pause, so their views also reflect experiences beyond those who spoke to us directly. We have continued to hear from people and organisations since, including at an engagement session in October, and what they told us is reflected in this report.

HOW WE DESCRIBE WHAT WE HEARD

“Some” means a theme raised by a few of the people or organisations we heard from.

“Many” means a theme raised by a large share of the people we heard from, and by several organisations.

We do not use these words to estimate how common a view is across everyone affected.

With thanks to Trans Partnership Cymru, Cwiar Cymru, Pride Cymru, Umbrella Cymru, TransActual and everyone who gave their time to share their experiences with us.

WHAT WE HEARD

What people have told us

Distress, and lives on hold

The strongest message we heard was about the toll on people's mental health. Some had surgery cancelled after taking leave, travelling long distances, or arriving at hospital. Many had waited years. For them, the pause felt less like a delay and more like a loss of something they had worked towards for a long time.

> **“I have been waiting over ten years for surgery and it's left me feeling so hopeless.”**

People told us that not knowing what happens next has itself been harmful. They described being unable to plan work, study, relationships or money while their treatment is uncertain. Some older people worried that further delay could affect their health, their eligibility or how much they would benefit from surgery.

> **“We are stuck in limbo. I'm not living, I'm just surviving.”**

Some people were unsure what emotional and psychological support was available, and whether NHS and third sector services could meet the extra demand. People told us the Welsh Gender Service had been a support to them, but that it was hard to speak to someone because the phone lines were too busy for the volume of calls.

Some people told us that, in practice, support has meant little more than emergency helplines. One organisation told us that none of the people it had spoken to whose surgery was cancelled had yet received psychological support. Organisations told us that psychological support for people on the surgical pathway is coming from the same limited capacity, adding to waits for others, and that third sector organisations are being relied on to provide support without funding. Some organisations told us they fear for the lives of some of the people affected.

> **“The reality has felt very different: no information and no support whatsoever, other than emergency lines.”**

How people found out

Some of the people we heard from learned about the pause through social media, friends or community networks before any official contact, and some waited days for a letter. They felt strongly that those directly affected should have been told first.

> **“I first learned it had been cancelled through social media, and did not receive direct communication until the following Tuesday.”**

People told us they had struggled to get updates. Some were unsure which organisation is responsible for referrals, waiting lists, treatment decisions or communication, and some told us they had been passed between organisations without an answer.

Questions about the decision and the review

Many of the people we heard from told us they did not understand why surgery was paused before the review had begun, or why the pause covers the whole surgical pathway. Some noted that the concerns reported publicly related to recent referrals, while those first in line for review were referred around two years ago.

> **“I've already been assessed, I've already gone through the process, why is my case being reviewed again?”**

Organisations supporting people at review assessments told us some questions, about relationships, finances and social lives, felt unclear in purpose and unrelated to a clinical review. People told us they want to know what the review is for, how their information will be used, and whether it could create new barriers to surgery. Some worried about changes to eligibility, such as body mass index thresholds, or chest surgery being linked to other procedures.

Representative organisations raised concerns that family members' views were among the information that influenced the decision to pause services. They pointed out that many trans people experience family rejection and asked how adults' own choices are weighed against others' views. Anyone may raise a concern about a service. The question is not whether such concerns should be heard, but how they are weighed when decisions affect adults' own care.

Some people saw the pause in the context of wider debate about trans people's rights and healthcare and felt they were being treated differently from other patients. Some worry the pause signals wider changes to trans healthcare, including hormone therapy provided by their GP.

> **“This would not have happened with other services.”**

Wider impacts

Some people described losing money on travel, accommodation and leave that could not be refunded, and putting back plans for work and study. Some told us they are considering private treatment, not by choice but because they cannot see an end to the wait. They pointed out that this is not an option for everyone, and worried it creates unfairness based on what people can afford.

The NWJCC has confirmed that these costs can be reimbursed, which we welcome. Some people told us that some expenses are difficult to prove, and that the system for claiming the money back could be made simpler.

Some people also worried that waiting lists elsewhere in the UK will keep moving while Welsh referrals are paused, leaving people in Wales further behind when surgery resumes. They want to know whether they will keep their place, and their original referral date. There is no published breakdown of the types of surgery on the waiting list, so people not yet on it do not know whether the pause affects them.

People who may need extra support

Some people affected, and their families, told us that neurodivergent people have been particularly affected by the pause. They want assurance that there are safeguarding arrangements in place, that reasonable adjustments are made, and that staff taking part in the review are well trained to support people who are not neurotypical.

One family member described being exhausted by the extra support needed to help the person they care for manage their anxiety, distress and anger about what is happening. They told us this is why regular updates, and knowing when they will hear what happens next, matter so much.

Experiences of care

Many of those who talked about their care separated their concerns about the decision from the care they had received. They described Welsh Gender Service staff as professional, compassionate and supportive. Some told us they had moved to, worked in or studied in Wales because of this pathway, and worried that what works well could be lost.

> **“The Welsh Gender Service were professional and did everything by the book.”**

Organisations also asked what support is available for Welsh Gender Service staff and surgeons affected by the pause. For some people, the pause has affected their trust that their views will count when future decisions are made.

IMPACT STORY

One person's experience

She has known she was trans since early childhood. After several years on the pathway, and every assessment and approval the service requires, she was waiting for her pre-operative assessment when she heard about the pause.

> **“I've jumped through all of the hoops.”**
>
> **“It was like a punch in the stomach. I haven't come to terms with it.”**

Since then, she has struggled to sleep or eat, and worries about it every day. What hurts most is losing the certainty that kept her going.

She does not understand what the pause is for, given how thorough her assessment was. Her questions are the ones we hear most often:

> **“What patient safety issue is there? What other options were explored before pausing? Where is the communication? How long will the review take?”**

She has had peer support, but says there isn't enough mental health support for others in her position, and wants regular communication with the whole community, not just those first in line.

THE NWJCC'S RESPONSE

What the NWJCC has told us

The NWJCC describes the pause as a precautionary, clinically led step while it seeks assurance about the surgical referral pathway. Its Quality, Safety and Outcomes Sub-Committee (QSOC) put the service under formal escalation (Level 3) on 24 August 2026.

The committee has said:

- **Why it acted.** Data showed surgery referral rates from the Welsh service were significantly higher than in England, while fewer people referred for some procedures went on to have surgery. It considered this alongside concerns from clinicians and family members, and other correspondence. It says family concerns were not the sole basis for the decision.
- **What is paused.** New referrals, surgical assessments and scheduled surgery. Hormone therapy, psychological support, speech and language therapy and aftercare continue.
- **Who is affected.** The health board wrote to 451 people on the surgical pathway. Around 60 people were due surgery before the end of December; their cases are being reviewed first, in date order. People who can proceed after review will be prioritised.
- **The reviews.** Terms of reference and FAQs have been published. The clinical case reviews linked to the pause are separate from a wider review of the Welsh Gender Service, which has begun its first phase. An expert panel starts work in November, with findings due to go to the Joint Committee early in 2027. During the QSOC meeting on 30 October, we secured a commitment by the NWJCC that the mid-point reviews would be made public. We understand that the NWJCC will announce and update on this very soon.
- **Service change.** The NWJCC does not consider the pause to be a service change, or an urgent service change. In its response to our *What we are hearing* report, it said: “The pause remains a precautionary, temporary clinical assurance measure relating to the surgical referral pathway; it does not represent a change to, or withdrawal of, the Welsh Gender Service.”
- **Openness.** It has apologised for the uncertainty caused by the initial communication. In its response to our *What we are hearing* report, the NWJCC said it “recognises the distress and uncertainty described by Llais and welcomes the feedback”. This was included in a paper produced for the sub-committee. It has also published the recommendation paper, the Chair's Action letter that approved the decision, and the minutes of the private meeting where it was discussed, and ratified the decision in public on 30 October.

Much of what we heard was gathered before some of these actions were taken. Even so, people continue to tell us they do not fully understand the reasons for the decision, do not

know when they will hear about their own care, and do not feel involved.

OUR VIEW

What this means for people

Whether surgery is safe to go ahead is a clinical judgement for the clinical review and the reassessments. Our concern is how people have been treated, and what would help them now. What people told us falls into three areas.

1. How the pause was decided and communicated

The question we hear most is why this happened, and why it happened so quickly. Surgery was stopped within days, and some people found out before they were told directly. For some, this has caused distress, confusion and a loss of trust, and that loss of trust is now affecting how some people see the clinical review, and the wider review of the Welsh Gender Service.

We accept that the NWJCC needed to act on risks and concerns it had. But Llais's position is clear. The pause is a service change: it changed the care people receive, even if only for a time. The Welsh Government guidance on service change should have been followed. This did not happen. It is deeply concerning that the voices of the people affected were not at the heart of this decision.

There were missed opportunities. Understanding the likely impact on the people affected is key to making a decision of this kind. Impact assessments completed beforehand could have informed the decision, alongside a plan for how people would be told, what support would be in place and how the review would run. The sub-committee itself agreed that patients should be told first and that support should be in place. For some of the people we heard from, neither happened.

The impact assessments were completed after the decision, and identified the same harms people described to us. Without them, and without a communication and support plan in place, it is difficult for us to see how the sub-committee could be confident it had properly weighed the harm of pausing against the risk of continuing. Done in advance, they may have reduced the overall harm and distress caused to some people.

We have heard that the pause affects people most acutely where they had a date for surgery. But it also affects everyone referred for surgery, and people who have not yet been referred, or have not yet asked their GP to start the process, who may face longer waits as a result. The impact assessments need to reflect all of these groups.

We remain concerned about the decision-making process, and the governance of how a decision this important was taken and carried out. We will set out these concerns to the NWJCC separately.

Why this matters: people need to understand why their care was stopped, and to see that the decision was reasoned, balanced and open. Without that, it is harder for them to trust the review, and whatever follows it.

2. The clinical review is now under way

The first stage of the review covers people whose surgery was due before the end of December. The NWJCC has not yet published how many people have been reviewed, the outcomes (although we are expecting this soon), or when the rest of the 451 people will hear about their own case. Some people remain very upset, angry, distressed and confused, because most still do not know when they will be contacted. People have shared with us that they are concerned that if 20 people are reassessed a month it could take years for some people to know if they can progress with the surgery.

People who have already been assessed want to understand why their case is being looked at again when previous assessments were so thorough. Organisations supporting people at review assessments told us some questions, about relationships, finances and social lives, felt intrusive, and the reasons for them were not explained. Some families told us neurodivergent people need reasonable adjustments, safeguarding and well-trained staff to take part safely, and that families and carers need support too.

Why this matters: people cannot plan their lives without knowing where they stand, and they need to be able to take part in the review with confidence, not fear.

3. What happens after the review

People are worried about what the review will mean for the future of their care. Some fear changes to eligibility, such as body mass index thresholds, or chest surgery being tied to other procedures. People told us treatment goals differ from person to person, and want decisions to stay individual and person-centred. Some worried that what works well in Wales could be lost.

The wider review of the Welsh Gender Service, and the review of the service specification expected to follow, are where decisions about eligibility and pathways are likely to be made. The Chief Commissioner's report says the wider review will engage patients and carers, which we welcome. It is important that lessons on independence, transparency, communication and support are built into how the wider review is run.

Some people also asked why gender-affirming surgery isn't provided in Wales, and whether that could change.

Why this matters: decisions about the future of the service will affect people for years, and they need a real say before those decisions are made.

OUR ASKS

What we are asking for

The decision has been made, and the clinical review is under way. What people want now is for it to be completed as quickly as is safely possible, to know where they stand, and to be supported while they wait. Each of our asks comes from the questions people have put to us.

1. “Why weren't we told first?”

- Explain what has been learned from how the decision to pause was made, communicated and supported, and what will be done differently in future
- Before any further change to the service, including how and when the pause ends, tell the people affected first, keep the impact assessments up to date with people's views, including people not yet referred, and involve Llais
- Keep the progress of the clinical review, and any decisions and processes linked to it, transparent and easy to understand

This would show people that lessons have been learned, and that they will be told first if anything changes again, which will help to build trust.

2. “Where do I stand?”

- Tell each person where they are on the waiting list and when their case is likely to be reviewed, confirm that they will keep their place when surgery resumes, and publish regular updates on progress, including how long it will take to review everyone
- Explain to each person why their case is being reviewed and why particular questions are asked, and make sure review assessments include reasonable adjustments, safeguarding arrangements and staff trained to support neurodivergent people
- Provide a clear psychological support offer for people affected, and the families and carers supporting them, that is properly resourced and does not lengthen waits for others, with one clear point of contact for their care, prompt answers to complaints and a simple way to claim back costs

This would help people plan their lives while they wait, and take part in the review with confidence.

3. "What happens after the review?"

- Involve people with lived experience, and Llais, in the wider review of the Welsh Gender Service and in any review of the service specification, and publish how this will happen
- Keep decisions about eligibility and treatment individual and person-centred
- Set out the long-term options for providing gender-affirming surgery closer to home

This would help make sure people's voices are heard before decisions about the future of the service are made.

NEXT STEPS

What happens next

WHAT LLAIS HAS DONE

Since the pause was announced, we have:

- written to the NWJCC asking about the reasons for the pause, why Llais was not involved beforehand, support for people affected and how the service will be restored
- met the NWJCC several times to raise people's concerns
- put people's questions to the Joint Committee at its public meeting on 22 September
- commented on the draft terms of reference for the clinical review, asking for clearer communication, support and timescales, and for people's experiences to be recognised
- held an engagement session for people affected, and fed back concerns from people attending review assessments
- shared what we heard with the sub-committee for its meeting on 30 October
- sent these asks to the NWJCC as representations. At the time of publication we are waiting for a response which - when we receive it - we will publish with our view of whether it addresses people's concerns
- written to the NWJCC separately about how the decision was made and recorded, and asked Welsh Government and NHS Performance and Improvement to clarify how escalation processes and the service change guidance fit together

Next, we will:

- share this report with health boards, Welsh Government and NHS Performance and Improvement
- keep listening, and report again

SUPPORT

If you need support

If you are struggling, you do not have to wait:

- **NHS 111, press 2** for urgent mental health support, 24 hours a day
- **CALL,** the mental health helpline for Wales, 0800 132 737, call@helpline.wales
- **Switchboard,** the LGBTQIA+ support line, 0800 0119100, hello@switchboard.lgbt
- **Samaritans** on 116 123, free, any time
- **Cardiff and Vale University Health Board concerns team** (cav.concerns@wales.nhs.uk) for questions about your own care, or to ask for psychological support

If someone's life is at immediate risk, call 999.

Tell us about your experience

If you have been affected by the pause, we want to hear from you. Share your story online or contact your local Llais team. Whatever you choose, we're here to listen.

Contact us and accessible formats

This document is also available in Welsh. If you would like it in another format or language, or want to give feedback, please contact us. We welcome calls in Welsh. If you write to us in Welsh, we will reply in Welsh, without delay.

Llais

Crown Buildings, Cathays Park, King Edward VII Avenue, Cardiff CF10 3NQ

02920 235 558 | enquiries@llaiscymru.org | www.llaiswales.org

Sources

- How to make changes to health services: guidance for NHS organisations (Welsh Government, 2023)
- Chair's Action and in-committee minutes, 24 August 2026 (QSOC papers, October 2026)
- Escalation of Concerns: Welsh Gender Service (QSOC, October 2026)
- Chief Commissioner's Report and QSOC Highlight Report, with Escalation Framework (Joint Committee, September 2026)
- Incident and Concerns Report (QSOC papers, October 2026)
- Director of Commissioning report, Mental Health and Vulnerable Groups (QSOC papers, October 2026)
- Quality Impact Assessment and Equality and Welsh Language Impact Assessment (Joint Committee, September 2026)
- Welsh Gender Service updates, 28 August and 11 September 2026 (Cardiff and Vale UHB)