**Freedom of Information Request: Our Reference CTMUHB_252_26**

**You asked:**

**Thank you for your response to my request (Ref: CTMUHB25226), provided on 1 May 2026.**

**Your response stated repeatedly that:**

**> "The NWJCC does not commission FFS."**

**However, this does not answer the questions asked under Section 1 of the Freedom of Information Act 2000, nor does it confirm whether any recorded information exists relating to:**

**- the decision not to commission FFS**
**- the governance of that decision**
**- the evidence base**
**- the equality considerations**
**- the dissemination of the position to Health Boards**

**I therefore request statutory clarification of the following points. Each question relates solely to recorded information, not opinion.**

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**1. Recorded decision not to commission FFS**

**Please confirm whether the NWJCC holds any recorded information documenting:**

**- the decision not to commission FFS**
**- the date of the decision**
**- the decision-maker(s)**
**- the evidence considered**
**- any consultation undertaken**
**- any assessment of clinical need**
**- any assessment of risk**
**- any equality analysis**

**If no such recorded information exists, please confirm this explicitly.**

On 1 April 2024 the NWJCC was established for the purpose of jointly exercising those functions set out within the National Health Service Joint Commissioning Committee (Wales) Directions 2024 (the Directions) and superseded the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC) as Joint Committees of the seven Local Health Boards in Wales.

The Directions came into force on 7 February 2024 and confirm that Health Boards in Wales will work jointly to exercise functions relating to the planning and securing of services specified within the Directions or as identified by the Local Health Boards. Specifically, these are:

a) specialised services for:
    i. cancer and blood disorders.
    ii. cardiac conditions.
    iii. mental health and vulnerable groups.
    iv. neurosciences.
    v. women and children.
    vi. Welsh kidney network.
b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis.
c) emergency medical services.
d) non-emergency patient transport services.
e) emergency medical retrieval and transfer services.
f) NHS 111 services.
g) sexual assault referral centres.
h) other services as directed by the Welsh Ministers.

As set out above, the NWJCC does not routinely commission Facial Feminisation Surgery (FFS) as a commissioned service, and there is no separate FFS-specific commissioning policy currently in place. Commissioning decisions are made within broader prioritisation and policy frameworks operating across NHS Wales.

NHS England is responsible for commissioning gender surgery services, including defining the surgical pathway, and contracting providers. FFS is not commissioned via NHS England.

The NWJCC does not directly commission or provide gender surgery services. Instead, NWJCC commissions access to these services via NHS England as part of a cross-border arrangements for specialised services.

The NWJCC is responsible for commissioning the wider care pathway for Welsh patients (e.g. assessment and referral through the Welsh Gender Service), but surgery itself remains under NHSE commissioning responsibility.

Requests for treatments that are not routinely commissioned may be considered through existing NHS Wales commissioning and funding processes, including referral and funding mechanisms operating within the Welsh policy framework. This includes the All Wales Individual Patient Funding Request (IPFR) process which is explicitly designed to support lawful equality compliance in non-routine commissioning.

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**2. Equality Impact Assessment**

**Your response did not confirm whether the NWJCC holds an Equality Impact Assessment (EIA) relating to the decision not to commission FFS.**

**Please confirm:**

**- whether an EIA exists**
**- whether no EIA exists**
**- whether an EIA should exist but cannot be located**

**This is a request for recorded information only.**

FFS is one of many interventions the NWJCC does not commission, and consequently does not hold, as an EIA does not exist.

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**3. IPFR framework – exceptionality / clinical distinctiveness**

**Your response stated:**

**> "Exceptionality is not part of the IPFR process in Wales."**

**The NHS Wales IPFR information (via AWTTC) describes IPFRs as requests for patients who are not routinely provided a treatment, where an independent panel considers whether significant clinical benefit is expected for that particular patient and whether the cost is in balance with that benefit.**

**This is, by definition, an assessment of clinical distinctiveness compared with the wider cohort, and is inconsistent with the statement that "exceptionality is not part of the IPFR process in Wales".**

**Please confirm whether the NWJCC holds any recorded information supporting the statement that "exceptionality is not part of the IPFR process in Wales".**

**If no such information exists, please confirm this explicitly.**

Although widely used by NHS England in their Individual Funding Request (IFR) policy, the NHS Wales IPFR policy explicitly does not use or apply the same "exceptionality" terminology or framework. Although you may consider "exceptionality" an assessment of clinical distinctiveness compared with the wider cohort, it is specifically <u>not</u> a consideration in the All Wales IPFR policy. the relevant criteria is as follows:

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| A patient will only be entitled to NHS funding for the requested intervention or drug if the panel concludes that the criteria under **either** (a) **or** (b) below are satisfied: |
| **(a) If guidelines (e.g. from NICE or AWMSG) recommend NOT using the intervention/drug, or the clinical access criteria of an applicable policy are not met:**<br><br>I. The clinician must demonstrate that the patient's clinical circumstances are significantly different to other patients for whom the recommendation is not to use the intervention.<br><br>II. The clinician can demonstrate that the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected from patients for whom the recommendation is not to use the intervention, and<br><br>III. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable. |
| **(b) If the intervention has NOT been appraised (e.g. in the case of medicines, by AWMSG or NICE), and there is no applicable policy in place:**<br><br>I. The clinician can demonstrate that the patient is likely to gain significant clinical benefit, and<br><br>II. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable. |

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**4. Additional clarification based on recorded clinical correspondence**

**For completeness, I note that the Welsh Gender Service has provided recorded written correspondence stating that:**

**> "For an IPFR to be successful, the requesting clinician must demonstrate that**
**> i. the patient's clinical circumstances are significantly different…**
**> ii. the patient is likely to gain significantly more clinical benefit…"**

**and that:**

**> "It is not possible for the Welsh Gender Service to demonstrate that either points i or ii apply."**

**This is the application of an exceptionality-based test.**

**Given that the NWJCC's FOI response stated that "exceptionality is not part of the IPFR process in Wales", please confirm whether the NWJCC holds any recorded information explaining:**

**- why Health Boards are applying exceptionality criteria**
**- why clinicians are using criteria the NWJCC states do not exist**
**- how Health Boards are instructed to apply IPFR criteria for FFS**
**- how this aligns with the NWJCC's stated position**

**If no such recorded information exists, please confirm this explicitly.**

As set out in response to query 4 above, the All-Wales IPFR criteria specifically does not apply an exceptionality- based test.

We are not aware of the specifics of the query shared with the Welsh Gender Service and we are therefore do not hold and are unable to comment on the reply shared with the individual in question.

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**5. Clinical framework used by healthcare professionals**

**Your FOI response did not confirm what commissioning or decision-making framework healthcare professionals are expected to use when:**

**- determining whether FFS is eligible for IPFR**
**- assessing clinical need or functional impairment**
**- assessing clinical distinctiveness**
**- determining whether a patient falls outside routine commissioning**
**- deciding whether to support or refuse an IPFR request**

**Given that:**

**- Cardiff and Vale UHB have confirmed they hold no commissioning policy, no clinical criteria, no IPFR SOP, and no EIA for FFS**
**- the NWJCC has stated only that it "does not commission FFS", without providing any framework**
**- the Welsh Gender Service has applied an exceptionality-based test in recorded correspondence**
**- the NWJCC has stated that "exceptionality is not part of the IPFR process in Wales"**

**...please confirm whether the NWJCC holds any recorded information that sets out:**

**- what framework clinicians are expected to follow for FFS**
**- what criteria they are expected to apply**
**- what guidance they are expected to use**
**- what governance structure they are operating under**
**- how clinical decisions are standardised across Health Boards**
**- how clinicians are instructed to proceed in the absence of a commissioning policy**

**If no such recorded information exists, please confirm this explicitly.**

The NHS Wales Joint Commissioning Committee (NWJCC) does not routinely commission Facial Feminisation Surgery (FFS) and therefore does not hold this specific information.

Requests for treatments that are not routinely commissioned may be considered through existing NHS Wales commissioning and funding processes, including referral and funding mechanisms operating within the Welsh policy framework. This includes the All Wales (IPFR) process.

The All-Wales IPFR policy sets out the clinical criteria and guidance to be considered when reviewing IPFR requests.

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**6. Governance, dissemination, and assurance**

**If the NWJCC does not commission FFS, please confirm whether the NWJCC holds any recorded information relating to:**

**- how this position is communicated to Health Boards**
**- how Health Boards are instructed to apply it**
**- how compliance is monitored**
**- how equality duties are assured**
**- how clinical risk is assessed in the absence of a commissioning framework**

**If no such information exists, please confirm this explicitly.**

The NWJCC does not actively communicate the services that it does not commission and therefore does not hold this specific information.

Where services are commissioned by the NWJCC, regular contract management and quality reviews are undertaken with providers to ensure that agreed service levels are maintained.

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**7. Commissioning policy register**

**Please confirm whether the NWJCC holds a commissioning policy register, index, or list that includes (or excludes) FFS, for example within its specialised services or gender services portfolio.**

**If such a register exists, please provide the relevant extract.**
**If no such register exists, please confirm this.**

Please see the attached published Policy Register.

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**8. Absence of recorded information**

**If the NWJCC holds no recorded information at all relating to:**

**- the decision not to commission FFS**
**- the rationale for that decision**
**- the evidence base**
**- the equality considerations**
**- the dissemination of the position**
**- the governance of the position**
**- the framework clinicians are expected to use**

**...please confirm this explicitly, as required under Section 1(1)(a) of the Act.**

Please see above responses.