GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Temporary Dialysis Away from Base (DAFB) for adults aged 18 years and above

Commissioning Policy: CP33

Document Information	
Document Name	Temporary Dialysis Away from Base (DAFB) for adults aged 18 years and above
Document No	CP33
Document Purpose	Commissioning Policy
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Commissioning Team Author	Welsh Kidney Network
Target Audience	Chief Executives, Medical Directors, Directors of Finance, Welsh Kidney Network, Renal clinicians and dialysis unit teams across NHS Wales, Kidney Charities
Description	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy
Document Update Information	The policy has been updated to • Align with post-Brexit UK Government arrangements concerning countries previously covered under EU/EEA provisions and existing Reciprocal Agreements • Clarify the funding available, along with the associated funding processes, for Welsh patients aged 18 and over who require DAFB

Contents

Abbreviations

AWMSG	All Wales Medicines Strategy Group
APD	Automated peritoneal dialysis
CKD	Chronic Kidney Disease
DAFB	Dialysis Away from Base
EEA	European Economic Area
EHIC	European Health Insurance Card
EU	European Union
EWLIA	Equality and Welsh Language Impact Assessment
GHIC	UK Global Health Insurance Card
GP	General Practitioner
HD	Haemodialysis
IPFR	Individual Patient Funding Request
KRT	Kidney Replacement Therapy
NWJCC	NHS Wales Joint Commissioning Committee
PD	Peritoneal Dialysis
UK	United Kingdom

Policy Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission DAFB for adults who routinely receive dialysis treatment (usually at least 3 times per week) to stay alive in accordance with the criteria outlined in this document.

In creating this document NWJCC has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

Welsh Language

NWJCC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No.7) Regulations 2018.

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, NWJCC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the NWJCC commitment.

Disclaimer

NWJCC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this policy.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the

circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

NWJCC disclaims any responsibility for damages arising out of the use or non-use of this policy.

1. Introduction

This policy has been developed for the planning and delivery of Temporary DAFB in adults registered with a general practice in Wales requiring dialysis as their renal replacement therapy of choice. This service will only be commissioned by the NHS Wales Joint Commissioning Committee (NWJCC) and applies to all seven Health Boards and Trusts in Wales and external providers within NHS England.

This policy explains the responsibilities of patients, dialysis units and sets out what the patient needs to do before they travel, either within or outside of the UK, to ensure that they can receive kidney dialysis whilst they are away. Alongside this policy there is a Frequently Asked Questions paper that can also help patients to understand the process to arrange DAFB.

This policy will explain the funding guidance for dialysis undertaken away from base within the United Kingdom; receiving care in the European Economic Area (EEA) covering countries within the European Union (EU), Norway, Iceland, Liechtenstein (EEA) and Switzerland; countries with a reciprocal healthcare agreement with UK Government; countries without reciprocal healthcare agreement and cruise ships.

1.1 Plain Language Summary

Around 5% of people have Chronic Kidney Disease (CKD) at stages 3-5, which means their kidneys don't work properly. The kidneys normally remove waste and extra water from the blood, but when they fail, this process doesn't happen as it should. Kidney failure can have many causes, but the most common ones are diabetes and high blood pressure.

Kidney failure is divided into five stages. By the time someone reaches stage five, they need to decide on a treatment option to take over the job of their kidneys. This is called kidney replacement therapy. Dialysis is one of the types of kidney replacement therapy which can be delivered via:

- Peritoneal dialysis
- Haemodialysis

For people needing kidney dialysis, travelling can take a lot of planning as they will need to receive dialysis whilst they are away. This is usually known as Temporary DAFB.

1.2 Aims and Objectives

This policy aims to define the commissioning position of NWJCC on the use of Temporary DAFB for adults with end stage kidney failure and receiving dialysis on a regular basis.

The objectives of this policy are to:

- Ensure commissioning for the use of Temporary DAFB is evidence based
- Ensure equitable access to Temporary DAFB
- Define criteria that people must meet to access treatment
- Define what could be funded and what is excluded
- Improve outcomes for people with end stage kidney failure and receiving dialysis on a regular basis

1.3 Epidemiology

As of January 2026, there were 1564 dialysis patients in Wales undertaking dialysis in units and at home, with a range of ages from 18 to 98 years, and an average age of 63.9 years[1].

The number of chronic kidney disease patients is predicted to increase significantly. Currently, kidney disease is ranked as the 10th leading cause of death worldwide and it is projected to be the 5th by 2040[2].

1.4 Current Treatment

For adults with end stage kidney failure they will receive dialysis on a regular basis. This will normally be for up to 4 hours per session, 3 times per week, or daily for peritoneal dialysis. The usual place of care may be at home or in a kidney dialysis unit, which can either be on an NHS site or other community-based setting.

1.5 Proposed Treatment

Due to the frequency of dialysis treatment, any travelling, for recreational (holiday) or business will involve the need to forward plan and arrange for dialysis to take place whilst the patient is away. This is usually known as Temporary DAFB.

Prior to the patient making any arrangements for DAFB, prior approval should be sought for:

- Approval from the patient's clinical team relating to the absence from base, and the location of the care.
- Approval of funding for dialysis sessions via NWJCC. Referrers should complete an Application for funding Holiday Dialysis (HD1) (Annex iv).

[1] Figure obtained from the national (Wales) renal system (February 2026)
[2] Kidney Disease a UK Public Emergency, Kidney Research UK, 2023; Economics-of-Kidney-Disease-full-report_accessible.pdf (kidneyresearchuk.org)

The level of risk of potential blood borne viruses will be discussed with the patient. If a provider/country of DAFB is deemed to have a high risk of exposure to blood borne viruses the patient's usual renal dialysis provider will advise the patient of any requirement to have haemodialysis in isolation on their return to Wales, and whether this may need to take place in a different dialysis unit.

On rare occasions, it may also be appropriate to advise a patient that a period of suspension from the renal transplant waiting list is necessary to ensure the patient is not incubating blood borne virus infections that would be accelerated by the immunosuppression required for renal transplantation.

There is no limit to the number of visits away from base that a patient can make, however the dialysis unit should advise the patient that if they are away for a prolonged time from their usual kidney dialysis unit then they may not be able to resume their original kidney dialysis slot on their return. Any absence for longer than one month will require a clinical hand over of responsibility for care from the usual dialysis unit to the DAFB provider, similarly the clinical hand over must be repeated from the DAFB provider to the usual kidney dialysis unit.

1.6 Use of patient's own machine

The dialysis unit will ensure any machine that the patient is planning to transport with them for their DAFB is sufficiently insured by the machine's supplier for the duration of the DAFB. The dialysis unit should provide a copy of the insurance document/s to the patient and check other arrangements, such as airline and transport providers for their policies on transporting such equipment. The unit's DAFB co-ordinator would be able to assist with these tasks. The dialysis unit must also provide a letter with named items to be taken either into the hold or the cabin i.e. saline bags, fistula needles and any medicines.

For peritoneal renal dialysis (PD) the dialysis unit will usually plan for the fluids to be delivered to the DAFB destination. It is advisable for the dialysis unit to suggest contingency plans for patients if a problem with either the PD or portable haemodialysis machine arises.

The dialysis unit and/or patients should confirm with the destination, that they are happy to receive a clinical supplies delivery on their behalf. Suppliers will usually aim to deliver two working days before the patient travels, wherever possible, to ensure that delivery is timely, and the patient knows it is safe for them to travel.

Once delivery has been booked, patients should give the address, contact details and travel dates to their hospital. The DAFB coordinator can then complete the appropriate travel forms, and arrange the clinical products required.

The clinical products supplier can then confirm the order, provide a unique reference number for the order, and request any additional documentation from the hospital or the patient. Once all arrangements are in place, the supplier should confirm the order with the patient and the hospital, confirming all details, including what is being supplied, the delivery date, and the nearest peritoneal renal dialysis centre, where available.

1.7 Funding guidance

Funding approval must be given by NWJCC prior to a Welsh patient making any DAFB commitment outside Wales. Funding requests for Welsh patients wishing to have their DAFB outside Wales should be completed by the patient's clinical team and submitted to NWJCC for approval.

Funding approval will be for the cost of the dialysis session/s only under the DAFB. Costs incurred relating to travel (unless the patient is eligible for Non-emergency Transport and is having their DAFB within a Welsh unit and subject to availability) including to and from dialysis unit, administration fees, travel insurance, cancellation fees etc. remain the responsibility of the patient.

1.7.1 DAFB – in Wales (HD1 form not required)

Kidney Dialysis Units in Wales offering DAFB for Welsh patients will have their activity paid through their Service Level Agreement in accordance with their contractual arrangements, this includes the agreed currency with the NWJCC/WKN. Transportation **may** be covered if the patient is eligible for Non-Emergency Transport, this will require pre-planning through the local dialysis unit and will be **subject to availability**.

1.7.2 DAFB – in the UK

In keeping with their regular dialysis, patients will not be expected to pay for DAFB in the United Kingdom (UK) in NHS commissioned units or private units that have a NHS commissioning agreement in place. If the units are private with no NHS commissioning agreement in place, then patients will have to self-fund.

1.7.3 DAFB – overseas

If a patient is planning to go abroad there are different arrangements regarding whether they will need to pay, the funding process to be followed and levels of reimbursement, which depend on the country being visited or travelling through.

1.7.4 Visiting the countries in European Economic Area (EEA) (covering countries within the European Union (EU) plus Iceland, Liechtenstein and Norway) and Switzerland

The UK Government has agreements in place with countries within the European Economic Area ((EEA) covering countries within the European Union (EU) plus Iceland, Liechtenstein and Norway) and Switzerland. This allows UK residents to get necessary healthcare on the same basis as a resident of that country. This may be free or it may require a payment equivalent to that which the local resident would pay, as not all state/Government healthcare is free outside the UK. Patients are advised to seek advice from their unit or Freedom The Dialysis Holiday Specialists.

To access patients must have a valid UK Global Health Insurance Card (GHIC) or in-date European Health Insurance Card (EHIC) to receive the necessary healthcare which will include kidney dialysis as this is treatment or routine medical care for long-term or pre-existing medical conditions.

If patients wish to be treated in a renal unit within the European Economic Area (EEA) / EU and Switzerland is not a state-provided renal unit their dialysis treatment will be self-funded.

Further information which includes a link to apply for UK GHIC can be found here: https://www.nhs.uk/using-the-nhs/healthcare-abroad/apply-for-a-free-uk-global-health-insurance-card-ghic/.

Countries in the EEA and EU

EU countries are:

Austria, Belgium, Croatia, Republic of Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

The European Economic Area (EEA):

The EEA includes EU countries and also Iceland, Liechtenstein and Norway. It allows them to be part of the EU's single market. Switzerland is not an EU or EEA member but is part of the single market. This means Swiss nationals have the same rights to live and work in the UK as other EEA nationals.

1.7.5 Travel to countries with a reciprocal healthcare agreement

There are countries outside the EEA/EU and Switzerland that have reciprocal agreements with the UK Government for healthcare. This means that patients should be able to receive dialysis in these countries, patients will be treated as if they were a resident of the country

they're visiting. This may be free or it may require a payment equivalent to that which the local resident would pay. Further information can be found on the Gov.UK website.

1.7.6 Travel to countries without reciprocal agreements

For patients who wish to travel to a country outside EU/EEA, Switzerland and countries without a reciprocal agreement, their dialysis treatment will be self-funded.

Information on travelling outside of the EU/EEA area can be found here: https://www.gov.uk/guidance/uk-reciprocal-healthcare-agreements-with-non-eu-countries.

1.7.7 Cruise ships

Kidney dialysis, or any other treatment required during a cruise, is not covered under any formal healthcare agreement held by the UK Government. However, NHS Wales has chosen to exercise its discretionary rights to reimburse or contribute to the cost of dialysis on board cruise ships. The patient may only be reimbursed either (a) the actual cost of the treatment or (b) the published NHS tariff[3], whichever is lower.

DAFB on cruise ships are subject to certain conditions:

- The treatment must be a regular long-term treatment for a chronic condition that the patient usually receives in Wales and is funded by NHS Wales.
- The treatment must take place on a cruise that remains within, or whose majority of ports of call are within the EU/EEA, Switzerland, or countries that have a reciprocal healthcare agreement with the UK Government[4]
- Patients will require prior approval, from their kidney dialysis unit, for reimbursement of the DAFB costs to be incurred (up to the cost of tariff, which may be significantly less than private treatment cost/s). This will enable patients to be clear about the level of reimbursement they may receive. The patient's clinical team approves of the DAFB episode on a cruise ship.
- The cruise company must be able to demonstrate that appropriate arrangements are in place for the safe provision of kidney dialysis, including:
  - Quality standards for the dialysis service provided.
  - Appropriate clinical governance arrangements, policies and procedures.

In order to receive reimbursement funding, the patient will need to submit a PL8 application to NWJCC along with original receipts as proof of payment upon return. A PL8 form can be requested by contacting NWJCC.Finance@wales.nhs.uk.

[3] NHS England » 2026/27 NHS Payment Scheme
[4] Charging overseas visitors in England: guidance for providers of NHS services - GOV.UK (refer to Annexes E to H)

1.7.8 Private Dialysis Units (with no commissioning agreement in place)

In instances where treatment is organised in a private dialysis unit, with no commissioning agreement in place then patients will have to self-fund.

1.7.9 Summary of funding arrangements

A summary of funding arrangements for the different DAFB scenarios is provided within Appendix 1 – Frequently Asked Questions published separately.

1.8 What NHS Wales has decided

NWJCC has carefully reviewed the evidence of temporary dialysis away from base for adults aged 18 years and above. We have concluded that there is enough evidence to fund the cost of the dialysis session/s within the criteria set out in section 2.1.

1.9 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
  - All Wales Policy: Making Decisions in Individual Patient Funding requests (IPFR).

- **Relevant NHS England policies**
  - Commissioning policy: dialysis away from base. Refence NHS England A06/P/a. Version 7, 1 July 2023

- **Other published documents**
  - Regulations implementing the EU cross border healthcare Directive: https://www.legislation.gov.uk/uksi/2013/2269

2. Criteria for Commissioning

The NHS Wales Joint Commissioning Committee approve funding of temporary DAFB for adults over 18 years who require regular dialysis treatment due to severe kidney failure, in line with the criteria identified in this policy.

2.1 Inclusion Criteria

- Adults aged 18 years and above
- Adult Welsh residents who are routinely having haemodialysis (HD) or Peritoneal Dialysis (PD)
- Dependent on dialysis as a consequence of chronic kidney failure
- Approval from their clinical team on absence from base, if planned, and the location of the care

2.2 Exclusion Criteria

- Children are excluded from this policy
- Clinical team does not approve absence from base

2.3 Stopping Criteria

- Each episode of DAFB is time limited and is a standalone request

2.4 Acceptance Criteria

The service outlined in this policy is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP Practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

2.5 Patient Pathway (Annex i)

The patient pathway is annexed to this document.

All referrals must be made with a completed application for Funding Holiday Dialysis Treatment (HD1) form that must be authorised by the patient's regular Nephrologist (Annex iv).

2.6 Responsibilities

Referrers should:

- Inform the patient that this treatment is not routinely funded outside the criteria in this policy
- Confirm that there is the need for funding agreement prior to holiday commitment
- Refer via the agreed pathway
- Submit a Holiday Dialysis (HD1) request form into NWJCC
- Discuss the DAFB unit's service with the patient
- Advise the patient of any risks

Clinicians considering treatment should:

- Discuss all alternative treatments with the patient;
- Advise the patient of any side effects and risks of the potential treatment
- Inform the patient that treatment is not routinely funded outside of the criteria in the policy, and
- Confirm that there is contractual agreement with NWJCC for the treatment

In all other circumstances an IPFR must be submitted.

2.7 Other responsibilities

The patient must ensure that they have adequate travel insurance for their journey since NHS Wales will only reimburse the cost of the agreed treatment at the NHS England Tariff[5] (which may be significantly less than private treatment cost/s) and not any other health care costs. The patient will also need to check the quality of dialysis service provided on the cruise ship.

There is a separate Frequently Asked Questions (FAQs) document to support patients and carers.

[5] NHS England » 2026/27 NHS Payment Scheme

3. Evidence

NWJCC is committed to regularly reviewing and updating all of its commissioning policies based upon the best available evidence of both clinical and cost effectiveness.

3.1 Date of Review

This document is scheduled for review every three years, unless information is received which indicates that the policy requires revision.

If an update is carried out the policy will remain extant until the revised policy is published.

4. Equality Impact and Assessment

The Equality and Welsh Language Impact Assessment (EWLIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable NHS Wales Joint Commissioning Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity, socio-economic duty and language (Welsh).

This policy has been subjected to an EWLIA.

The assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

5. Listening to People

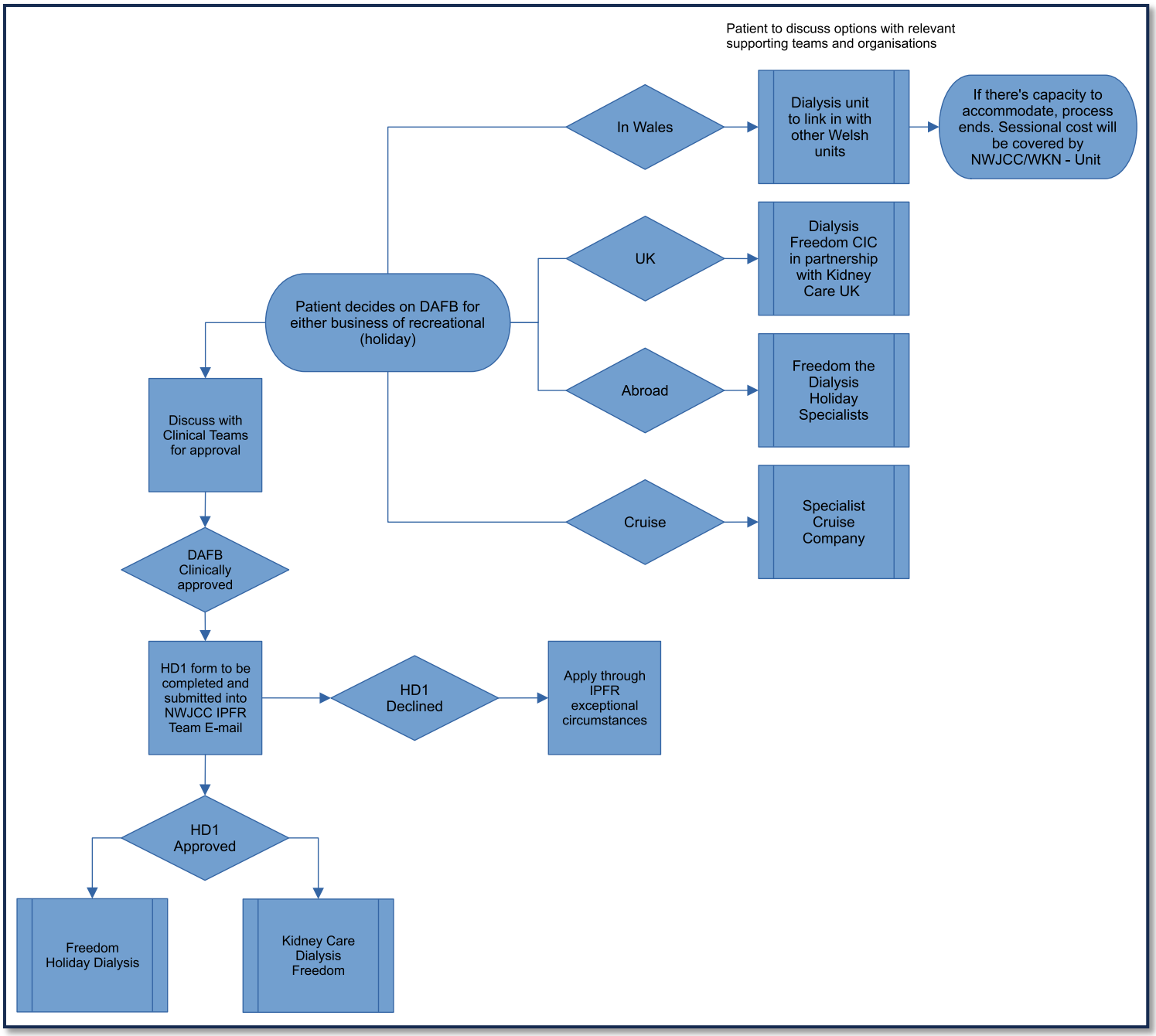
5.1 Complaints, Incidents and Redress Process

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to Listening to People, The NHS Wales Complaints, Incidents and Redress Process – People's Guidance 2026. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to NWJCC.

Annex i – Patient Pathway



Please note: This may be for recreational (holiday) purposes, travel for work or leisure, or any other occasion that results in a patient requiring dialysis away from their usual dialysis base.

Annex ii – Codes

The list of ICD codes is indicative and is not exhaustive. The ICD10 codes below have been provided and verified by the Information Standards Team at Digital Health and Care Wales (DHCW). Additional codes may be used for contract monitoring purposes, furthermore some codes may cover indications not included within this policy.

COMMON KIDNEY DIALYSIS PROCEDURES TO OPCS-4 CODES

Renal Category	Sub category	HRG4	OPCS-4 code(s)
Dialysis access	Hospital Haemodialysis/Filtration with access via haemodialysis catheter 19 years and over	LD01A	X40.1/X40.3/X40.4/ X40.7/X40.8/X40.9
Dialysis access	Hospital Haemodialysis/Filtration with access via arteriovenous fistula or graft 19 years and over	LD02A	X40.1/X40.3/X40.4/ X40.7/X40.8/X40.9
Dialysis access	Hospital Haemodialysis/Filtration with access via haemodialysis catheter with blood borne virus 19 years and over	LD03A	X40.1/X40.3/X40.4/ X40.7/X40.8/X40.9
Dialysis access	Hospital Haemodialysis/Filtration with access via arteriovenous fistula or graft with blood borne virus 19 years and over	LD04A	X40.1/X40.3/X40.4/ X40.7/X40.8/X40.9
Dialysis access	Satellite Haemodialysis/Filtration with access via haemodialysis catheter 19 years and over	LD05A	X40.1/X40.3/X40.4/ X40.7/X40.8/X40.9
Dialysis access	Satellite Haemodialysis/Filtration with access via arteriovenous fistula or graft 19 years and over	LD06A	X40.1/X40.3/X40.4/ X40.7/X40.8/X40.9
Dialysis access	Satellite Haemodialysis/Filtration with access via haemodialysis catheter with blood borne virus 19 years and over	LD07A	X40.1/X40.3/X40.4/ X40.7/X40.8/X40.9
Dialysis access	Satellite Haemodialysis/Filtration with access via arteriovenous fistula or graft with blood borne virus 19 years and over	LD08A	X40.1/X40.3/X40.4/ X40.7/X40.8/X40.9
Dialysis access	Home Haemodialysis/Filtration with access via haemodialysis catheter 19 years and over	LD09A	X40.1/X40.3/X40.4/ X40.7/X40.8/X40.9
Dialysis access	Home Haemodialysis/Filtration with access via arteriovenous fistula or graft 19 years and over	LD10A	X40.1/X40.3/X40.4/ X40.7/X40.8/X40.9
Dialysis access	Continuous Ambulatory Peritoneal Dialysis 19 years and over	LD11A	X40.6
Dialysis access	Automated Peritoneal Dialysis 19 years and over	LD12A	X40.5

Annex iii – Glossary

Individual Patient Funding Request (IPFR)
An IPFR is a request to NHS Wales Joint Commissioning Committee (NWJCC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

NHS Wales Joint Commissioning Committee (NWJCC)
NWJCC is a joint committee of the seven local health boards in Wales. The purpose of NWJCC is to ensure that the population of Wales has fair and equitable access to the full range of Tertiary Services. NWJCC ensures that services within our portfolio are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.

Welsh Kidney Network (WKN)
The purpose of the WKN is to plan and commission services on an all Wales basis in an efficient, economical and integrated manner and to provide, through the NHS Wales Joint Commissioning Committee, a single decision-making framework with a clear remit, responsibilities and accountability.

Annex iv – Application for funding holiday dialysis treatment (HD1)

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

APPLICATION FOR FUNDING HOLIDAY DIALYSIS TREATMENT (HD1)
for internal NHS completion only

Name of NHS Trust: _____

Location of Normal Dialysis: _____

Contact: _____ **Tel No:** _____

Name of Patient: _____ **Date of Birth:** _____

Address: _____ **NHS No:** _____

_____

_____

Postcode: _____ **Patient's LHB:** _____

Location of Holiday: _____

Dates of Holiday - From: _____ **To:** _____

Details of organisation providing treatment:

_____

_____

Tel No: _____

Unit provides haemodialysis for NHS patients/A private facility
(please delete as appropriate)

No of sessions required: _____ **Cost per session:** _____

Total Cost: _____

Note: If the organisation providing treatment is a private facility, please outline on a separate sheet why the patient was not referred to an NHS unit.

Name of Referring Clinician: _____

Signature of Referring Clinician: _____

Date: _____

Please return to: *Patient Care Team, Joint Commissioning Committee by email to* nwjcc.ipc@wales.nhs.uk

Contact us

If you have a question related to this document you can contact us using one of the methods outlined below.

If you would like this document in an alternative format and/or language, please contact us for assistance.

Email:
NWJCC consultation mailbox – NWJCC.Consultation@wales.nhs.uk

Telephone:
General Enquiries – 01443 433112

Website:
Contact us - NHS Wales Joint Commissioning Committee

Writing:
If you wish to contact the NHS Wales Joint Commissioning Committee, you can write to us at one of our locations below, we welcome correspondence in Welsh or English:

South Wales Office
Unit G1 The Willowford, Main Avenue, Treforest Industrial Estate, Pontypridd, CF37 5YL

North Wales Office
Unit 3, Media Point - Unit 3, Mold Business Park, Mold, CH7 1XY