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

Scoping

PATHWAYS & REFERRAL MANAGEMENT

CEO Sponsor	SRO	Delivery Lead
Hayley Thomas	Stacey Taylor	Sandra Tallon

Summary

Expected Start Date	Expected End Date
Q1	Q4

Aim

What is the overall intention or purpose of this activity?

Write a short statement describing what you want to achieve.

Identify, where possible, savings, value-based initiatives, streamline care pathways, improvement to patient care and outcomes to inform future commissioning. Also to categorise the activity and spend into specialised versus non-specialised where appropriate.

Background / Context

Summarise why this work is needed, what prompted it, and any relevant context (e.g., policy drivers, service gaps).

Throughout the first phase of this project, notable activity growth in cross-border service utilisation was evidenced. The increase in referrals to and treatments delivered by NHS England providers has placed financial pressure on the commissioning arrangements managed by NHS Wales.

Any growth in non-specialised activity—such as general Cardiology or Neurology procedures and drugs—within these contracts directly affects NWJCC's financial position. A strategic review of service utilisation, referral patterns, and potential opportunities for repatriation or pathway redesign is required to ensure sustainable commissioning and equitable access for Welsh patients; this may mean the introduction of a single point of referral system into providers or alternative providers (NHS England/Wales) that can deliver clinically appropriate care in a more cost effective way.

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Scope

In Scope	Out of Scope
• Referral Management Transformation. • Major System & Data Transformation. • Benchmarking and Target Setting Exercise. • Contractual and Policy Development. • Structured Phased Delivery: 13 Identified specialities in this phase (OP/FUs)	• BAU Activities • Some non-specialised elements of the contracts where the service is commissioned by the HBs. • Primary Care. • Mental Health Framework - part of an all Wales piece of work that will run in parallel to this.

Dependencies

- Access to live referral and activity data from DHCW and NHS England.
- Clinical engagement to support pathway redesign and benchmarking.
- Agreement of governance and decision points through Joint Committee.
- Availability of programme, analytical and clinical capacity.

Risks & Constraints

- Risk of scope creep between Business as Usual and project activity. A separate 'Business as Usual vs Project Activity' Report has been produced to address this risk.
- Limited commissioning and clinical capacity across JCC and Health Boards.
- Dependency on external data and system delivery timescales.
- External / WG policy development.

Deliverables

List the main tangible outputs or products that will be produced by this activity (e.g., recommendations report, service specification, review findings, training materials).

- Report with recommendations for consideration through the NWJCC governance structure - **end Q4.**
- **Phase 2 - Feb 2026 – Oct 2026)**

  Analyse patient pathways and identify opportunities for change:
  - Identify pathway improvement and development opportunities across all products (provider/specialty/HB combinations).
  - Continue to investigate the potential around a referral management system and process with a clear benefits realisation case. This will include expected KPIs targets for reduction in referrals that can be factored into JCC IMTP Planning and LTA discussion with providers for 2027/28.
  - Continue to develop internal Dashboards to support analysis and understanding, including potential access to Referral data.

  Products
  - Proposal for a referral management system and process.
  - Development of a Product compendium per pathway combination identified for analysis.
  - Potential service specification and policy revisions leading from the product analysis.
  - Internal Contract data Dashboard with various KPI's, including New OP's, Referrals, OP/elective conversion rates. GIRFT benchmarks to be included where applicable.
  - Internal IPC Dashboard with details for each Commissioning team on approvals within their commissioning area.

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Deliverables

List the main tangible outputs or products that will be produced by this activity (e.g., recommendations report, service specification, review findings, training materials).

- **Phase 3 – Nov 2026 – Feb 2027**
  - Implement opportunities around referral management system and process.
  - Timescales for implementation of Phase 3 products will be further clarified when the project has more clarity on the expected referral management approach for the future.
  - Analyse the outcomes of various treatments and interventions.

  Products
  - Referral management system and process.
  - Progress Contract data Dashboard to include outcomes.
  - Progress the product compendium to include outcomes.
  - Progress any applicable new service specifications, policies or recommissioning of services.

- **Phase 4 – March 2027 onwards**

  Adopt any best practice findings or alternative patient pathways that lead to better patient outcomes through new service specifications, policies or commissioning/ recommissioning of services.

  Products
  - Adoption of Best Practice.
  - Revised service specifications and policies in place.
  - Review of project to close to move to BAU.
  - Benefits tracking and reporting to JCC/CCLG as well as internally.
  - Using products to inform development of JCC IMTP & LTAs for 2027/28 and future years.

Lifecycle Phases & Target Dates

Use this table to show the main phases of your activity, from concept to review. Enter the expected target date for each phase to give a clear overview of when major parts of the work should be completed.

Milestone	Concept	Define and Scope	Design and Plan	Deliver	Close	Review & Learn
April 2026	April 2026	April 2026	May 2026	February 2027	February 2027	March 2027

Intended Outcomes & Success Measures

Describe what will be achieved and how success will be measured (e.g., recommendations accepted, service improved, targets met, actions implemented).

- Strengthen commissioner grip and control through enhanced dashboards and referral oversight.
- Reduce inappropriate referrals, non-designated provider activity and unwarranted variation.
- Implement demand management levers including PIFU/SOS, follow-up targets and validation controls.
- Scope and propose a Single Point of Access referral management system for JCC commissioned services.

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Governance Roles

List the key roles and individuals responsible for providing strategic oversight, leadership, governance and delivery coordination for this activity. Collectively, these roles will form the core governance and project board structure supporting oversight, decision-making and progression of the work.

Role	Identified Person	Part of Board
CEO Sponsor	Hayley Thomas	✓
SRO	Stacey Taylor	✓
Lay Member	Nia Roberts	✓
Delivery Lead	Sandra Tallon	✓
Project Support (Information)	Alex Thomson	✓
Project Support (Financial)	Joel Tofton	✓
Project Manager	Dave Williams	✓

Stakeholders

List any individuals or groups already identified as important to involve, consult, or inform for this activity. This helps ensure early engagement and awareness.

Name	Organisation	Role
Hayley Thomas	Powys Teaching Health Board	CEO Sponsor
Stacey Taylor	NWJCC	SRO, Chair of Project Board
Sandra Tallon	NWJCC	Project co-lead and Finance Lead, Chair of Working Group
Saja Muwaffak	NWJCC	Project co-lead and Value Lead, Deputy Chair of Working Group
Joel Tofton	NWJCC	Project Support - Head of Financial Reporting & Business
Alex Thomson	NWJCC	Project Support- Head of Information and Performance
Dave Williams	NWJCC	Project Manager
Penny Letchford	NWJCC	Project Board Member Deputy Medical Director Clinical Representative
Neil Windsor	Betsi Cadwaladr University Health Board	Project Board Member Health Board Representative
Nicola Johnson	Powys Teaching Health Board	Project Board Member Health Board Representative
Pathways & Referral Management Working Group	NWJCC	Development of key project products