

<b>Agenda Item</b>
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<b>Joint Commissioning Committee</b>
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<b>Director of Commissioning Specialised Services</b>
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<b>Dyddiad y Cyfarfod / Date of Meeting</b>	18/03/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Senior Planning Managers for Cancer & Blood, Cardiac, Neurosciences & Long-Term Conditions and Women & Children Commissioning Portfolios
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Melanie Wilkey, Director of Commissioning for Specialised Services
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Stacey Taylor, Interim Chief Commissioner

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting Choose an item.
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
JCC Senior Leadership Team Meeting	10/03/2025	Noted

<b>Acronyms / Glossary of Terms</b>	
ATMP	Advanced Therapy Medicinal Products
BCUHB	Betsi Cadwaladr University Health Board
CAR-T	Chimeric Antigen Receptor T-cell Therapy
CCLG	Collaborative Commissioning Leadership Group

CHW	Childrens Hospital for Wales
CUBRIC	Cardiff University Brain Research Imaging Centre
CVUHB	Cardiff and Vale University Health Board
DBS	Deep Brain Stimulation
HPN	Home Parenteral Nutrition
HBs	Health Boards
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
JCC	NHS Wales Joint Commissioning Committee
JC	Joint Committee
LHCH	Liverpool Heart and Chest Hospital
MWLNT	Mersey and West Lancashire NHS Trust
NBNT	North Bristol NHS Trust
NICE	National Institute for Health and Care Excellence
NMTR	National Major Trauma Registry
PRRT	Peptide Receptor Radionuclide Therapy
PSMA	Prostate-Specific Membrane Antigen
PET	Positron Emission Tomography
PETIC	Positron Emission Tomography Imaging Centre
QSOC	Quality, Safety and Outcomes Sub-Committee
RSSPPP	Regional Specialised Services Provider Planning Partnership
SABR	Stereotactic Ablative Body Radiotherapy
SBUHB	Swansea Bay University Health Board
SOP	Standard Operating Procedure
SRH	Salford Royal Hospital
SSCG	Specialised Services Commissioning Group
SWMTN	South Wales Major Trauma Network
ToR	Terms of Reference
TAVI	Transcatheter Aortic Valve Implantation
TARN	Trauma Audit Research Network
UCHL	University College Hospital London
UHW	University Hospital of Wales
WG	Welsh Government
WHSSC	Welsh Health Specialised Services Committee
WIMOS	Welsh Institute of Metabolic and Obesity Surgery

## 1. SITUATION/BACKGROUND

The Joint Commissioning Committee (JCC) plans and commissions specialised and tertiary services on behalf of Local Health Boards (HBs) to reduce duplication and ensure consistency.

This report provides the Joint Committee (JC) with an update on the work of the specialised services commissioning portfolios for:

- Cancer and Blood,
- Cardiac,

- Intestinal Failure,
- Neurosciences & Long-Term Conditions; and
- Women & Children

## **2. Specialised Services Collaborative Commissioning Group**

Since the last Joint Commissioning Committee meeting there have been two meetings of the Specialised Services Commissioning Group (SSCG). The meetings were held on 20<sup>th</sup> January and 27<sup>th</sup> February 2025. The January meeting was a routinely scheduled meeting, and February was an extraordinary meeting to review the proposals for the 2025/26 JCC Foundational Annual Plan. As the new Terms of Reference (ToR) have only been recently drafted, the membership was not changed from the previous WHSSC Management Group. The Collaborative Commissioning Leadership Group (CCLG) members have been asked for nominations from their organisation, in readiness for the next meeting on 27<sup>th</sup> March 2025. The main discussion item for both meetings held so far has been the Foundational Annual Plan and associated risks.

## **2. COMMISSIONING RISKS**

The Specialised Services Commissioning Teams manage portfolio risks by means of the organisational risk register, with risks and any services placed in escalation further monitored by means of the JCC Quality, Safety and Outcomes Committee (QSOC). The following risks are highlighted to be of particular note to the JC.

### **2.1 Cancer and Blood Commissioning Risks**

#### **2.1.1 Plastic Surgery waiting times South Wales**

There are currently plastic surgery patients with longer waits than the current target of no patients waiting longer than 104 weeks by March 2025. Swansea Bay UHB (SBUHB) is utilising planned care funding from Welsh Government (WG) to implement its delivery plan to treat all patients in the breach cohort by March 2025. At the time of writing, the commissioning team has been advised by the plastics service that they are confident of achieving the target by the end of March. There will be significant risk to sustaining the target through 2025/26 in the absence of further additional funding above contract baseline.

#### **2.1.2 Plastic surgery outreach clinics in North Wales**

There is a capacity gap in the outreach clinics managed by Betsi Cadwaladr University Health Board (BCUHB) but delivered by the plastic surgery service in Mersey and West Lancashire NHS Trust (MWLNT), leading to long waits and particularly for patients who require timely follow up following treatment for skin tumours. MWLNT has indicated that it may require an alternative funding model to meet the requirements of the out-reach service. This issue was escalated to an executive level meeting that took place on 14<sup>th</sup> February 2025 between MWLNT and the JCC, BCUHB were unable to attend. The funding of the outreach service for 2024/25 was resolved and it was agreed that a task & finish group will develop the proposal for 2025/26 with progress to be reported back to a further executive level meeting in March.

### **2.1.3 PET-CT for Prostate Cancer**

There are currently delays in access to Positron Emission Tomography (PET) for prostate cancer for patients in south east Wales due to constraints in the supply of the radioisotope Prostate-Specific Membrane Antigen (PSMA) at the PET Imaging Centre (PETIC). Waits are currently in excess of 6 weeks against the target of 10 working days. The PETIC, which under usual circumstances manufactures its own PSMA is not currently able to do so due to a possible quality issue which currently remains under investigation. Due to wider national supply constraints for PSMA it has not been possible to source PSMA from elsewhere. An action plan is in place to mitigate as far as possible the impact on patients. Support is being provided from the PET service in Swansea which has contracts with alternative PSMA suppliers. The service in Wrexham has also offered support. While services in England have been approached for support, they have to date declined due to their own pressures.

## **2.2 Cardiac Commissioning Risks**

### **2.2.1 Salford Royal Hospital Obesity Surgery Waiting Times**

Patients from BCUHB and North Powys awaiting obesity surgery procedures in Salford Royal Hospital have had their treatment delayed as a result of waiting times for the service provided by Salford Royal Hospital (SRH). The JCC has agreed that a portion of the resource allocated to SBUHB will be used to support the recruitment of an additional dietician, thereby enabling the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) to undertake a number of additional procedures for BCHUB and North Powys patients (c.15 per annum). The JCC Senior Leadership Team (SLT) has recommended the escalation of the Salford Royal Service as there has been no notable improvement in the activity nor the waiting list position over the last twelve months. They have consistently reported an increase in the total number of patients waiting and the number of patients waiting over 36 weeks. Given the underperformance and the lack of assurance provided by the SRH, the recommendation of the Commissioning Team to escalate the service was endorsed by SLT on 8<sup>th</sup> January 2025 and a letter has been sent to the CEO of SRH requesting an executive lead for the process.

### **2.2.2 Trauma Audit and Research Network (TARN) delays**

Following the TARN database being taken offline in June 2023 as the result of a cyber-attack, there have been delays in implementing both interim arrangements and a sustainable long-term solution for the South Wales Major Trauma Network, resulting delays to the availability of reporting (e.g., quarterly dashboards, clinical reports and TARN analytics), which has impeded the ability of the Network to monitor the implementation of the Programme Business Case and benchmark performance. With the National Major Trauma Registry (NMTR) now being available to colleagues from the South Wales Major Trauma Network (SWMTN) and Major Trauma Centre (MTC), a portion of this risk has been mitigated, although there remain concerns arising from historical reporting and benchmarking. Discussions on ensuring that these are reflected in the forthcoming JCC Integrated Medium Term plan (IMTP) are ongoing.

## **2.3 Intestinal Failure Commissioning Risks**

### **2.3.1 Financial risks**

The portfolio is subject to projected price increases predominantly related to the provision of home care from the private sector. A number of efficiency programmes have been outlined and continue to be monitored through the Intestinal Failure Commissioning Team.

## **2.4 Neurosciences and Long-Term Conditions Commissioning Risks**

### **2.4.1 Cardiff and Vale University Health Board Neurosurgery**

There is a risk that any delay in progressing the Neurosurgery Sustainability and Standards scheme included in the 2022/23 Welsh Health Specialised Services Committee (WHSSC) Integrated Commissioning Plan (ICP) - which approved investment in key high-risk posts (Intra operative Monitoring, Clinical Nurse Specialist Skull Base and Neuromodulation) – due to the financial pressures evident across NHS Wales will result in the loss of the sub-speciality services of Neurosurgery (Skull Base, Facial Pain, Complex Spine and elements of tumour surgery), necessitating that patients receive treatment from the North Bristol NHS Trust (NBNT). This risk has been mitigated through re-commissioning in 2024-25. A funding release for a Clinical Psychologist (for neuro-modulation) was planned for Q4 2024-25 but is currently under consideration in the context of the JCC foundation plan for 2025-26.

### **2.4.2 South Wales Cochlear Implant and Bone Conduction Hearing Implants**

The Cochlear Implant and Bone Conduction Hearing Implant service provided by CVUHB has been subject to ongoing staffing challenges, resulting in a risk that South Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant are unable to access the Specialist Auditory Hearing Service within a timely manner. Discussions are ongoing with the service.

## **2.5 Women and Children Commissioning Risks**

### **2.5.1 Children's Hospital for Wales – Paediatric Intensive Care Beds:**

The risk that constraints within the service may prevent paediatric intensive care beds being available when required has been managed via investment made through the WHSSC 2019/20 ICP to increase bed capacity to meet demand.

### **2.5.2 Neonatal cots**

Significant neonatal nursing shortages and, more broadly, the available workforce within the University Hospital of Wales (UHW) to support the current demands for intensive care have led to a risk that babies will not be able to access neonatal cots. Workforce issues have improved recently, and Cardiff and Vale are presenting their progress at the Quality, Safety and Outcomes Committee (QSOC) on 31<sup>st</sup> March 2025.

### **2.5.3 Neonatal Infection Prevention and Control**

If Infection Prevention and Control (IP&C) concerns are not addressed there is a risk that neonates within the Neonatal Intensive Care Unit at the UHW are at greater risk of infections. Improvements have been made in IP&C, and these will be included in the presentation to QSOC on 31<sup>st</sup> March.

### **2.5.4 Paediatric Radiology**

Failure to operationalise the 24/7 paediatric radiology service model within the Children's Hospital would risk leaving a prolonged gap in out of hours' provision. Quarterly Paediatric Radiology assurance meetings continue to take place with the service, with progression against the business case included as an agenda item.

## **3. COMMISSIONING HIGHLIGHTS**

The following commissioning highlights for the period November/December 2024 have been identified by the Senior Planners and Commissioning Leads as being of potential interest to the Joint Commissioning Committee.

### **3.1 Cancer and Blood Highlights**

#### **3.1.1 Repatriation of Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours:**

As reported to the JCC in November 2024, it is anticipated that, following a successful provider designation process in 2024, the Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours will commence at Velindre Cancer Centre in Quarter 4. This will repatriate the service from London, enabling patients to access this treatment closer to home.

#### **3.1.2 Continued Expansion in Stereotactic Ablative Body Radiotherapy (SABR) provision in Wales**

The previous report noted that BCUHB had written to the JCC to confirm their readiness to engage in the provider designation process to be commissioned to provide Stereotactic Ablative Body Radiotherapy (SABR) for lung cancer. The proposal was received by the JCC Cancer & Blood commissioning team on 3<sup>rd</sup> March 2025. It is anticipated the provider designation process will take place over the first quarter 2025/26 so that, subject to a successful evaluation, commissioning and provision of SABR in north Wales could commence later in 2025/26. If this first step is successful, it would be anticipated that the service in BCUHB would follow a similar path to that in SBUHB to expand to a wider range of clinical indications over time.

#### **3.1.3 Advanced Therapy Medicinal Products (ATMP) implementation**

Work remains in progress to establish pathways for patients in Wales for the recently NICE approved Advanced Therapy Medicinal Products (ATMPs). These include gene therapy for Haemophilia B, Beta-Thalassaemia and (most recently) Sickle Cell Disorder.

### **3.1.4 Cardiff & Vale UHB CAR-T phase 2 business case**

The JCC has worked with CVUHB to evaluate the HB's phase 2 CAR-T business case to increase capacity to provide CAR-T for the range of currently approved indications in adults. This will increase the capacity to treat patients in south Wales, reducing the likelihood of patients needing to be referred to centres in England. The outcome of this evaluation is currently being finalised through the JCC governance structures prior to making a recommendation on the case to WG.

## **3.2 Cardiac Highlights**

### **3.2.1 TAVI performance**

As noted in the last update for the JCC, CVUHB and Liverpool Heart and Chest Hospital (LHCH) continue to report significant increases in the number of TAVIs undertaken during 2024/25 relative to previous years and greater than their respective contract baselines; only SBUHB remains in line with its anticipated number of procedures delivered. Although an ongoing financial risk, the increase in activity has been driven by increased numbers of post-pandemic referrals evident across the United Kingdom (noting also significant and elevated 'front door' demand for cardiology services) and a maturing intervention that is an option for a growing number of high-risk patients and which delivers excellent outcomes. CVUHB have recently undertaken a temporary activity uplift to address waiting lists, facilitated by the creation of a four bed TAVI bay. This has been a notable success and, noting that waiting list pressures have been significantly reduced, recent discussions have indicated that the HB intends to retain the TAVI bay moving forward. TAVI overperformance will form part of the Cardiac Review Phase 2 to ensure that contract baselines are in line with population need and commissioning intentions for 2025-26.

### **3.2.2 Cardiac Review Phase 2**

It has previously been agreed that the second phase of the JCC Cardiac Review will be taken forward in collaboration with CVUHB and SBUHB by means of the Regional Specialised Services Provider Planning Partnership (RSSPPP).

A Cardiac Surgery Service Specification, which the HBs had agreed would be taken forward by the JCC, has recently been subject to formal consultation. Although this document was developed in conjunction with clinical input from all three JCC-commissioned Cardiac Surgery Centres, a large number of comments were received from stakeholders and a revised version is scheduled to be considered by the JCC Policy Group

Delivery timescales for the Cardiac Review, which had originally envisaged the completion of Phase 2 by the end of 2024/25, are being discussed with RSSPPP and HB colleagues, mindful both structures and resources required for robust collective delivery and the need to ensure that the objectives and requirements of the exercise are reflected in the plans of all affected organisations. Revised timescales for the review will be developed as part of the workplan to deliver the Foundation Plan for 2025/26

### **3.3 Neurosciences and Long-Term Conditions Highlights**

#### **3.3.1 Deep Brain Stimulation (DBS)**

Following the suspension of the North Bristol NHS Trust (NBNT) Deep Brain Stimulation (DBS) pathway in 2023, a temporary pathway was agreed for patients at University College Hospital London (UCLH), with elements of the pathway provided by CVUHB at the Cardiff University Brain Research Imaging Centre (CUBRIC).

Following assurances provided by colleagues in NBNT, the Commissioning Team are working with the Medical directorate to confirm the process and communications for the re-opening of the DBS pathway with the Trust for patients in South East Wales, South West Wales and South Powys. This will be followed by the commencement of a designated provider process to identify a permanent provider(s) of DBS services for South Wales patients. As there are long waits in the Bristol service, negotiations are underway to keep the UCLH pathway open to ensure access to treatment.

#### **3.3.2 South Wales Mechanical Thrombectomy Capacity:**

In January 2024, the WHSSC Joint Committee approved a Phase 1 investment for the Delivery of Mechanical Thrombectomy Capacity in south Wales to provide a Monday to Friday 9-5pm service at CVUHB with the NBNT providing a wraparound service from 6am-9am and 5pm to midnight. A further 3 phases are planned to support an increase in service availability from Monday 9-5pm to 24 hours 7 days/week.

CVUHB has submitted a benefits realisation and workforce plan prior to the phase 1 funding release planned for quarter 4 (2024-25). The benefits realisation plan proposes a delayed Q1 (2025/26) start. The JC is meeting with the HB fortnightly and are awaiting formal notification from the HB regarding the delay and proposed start date. Discussions are ongoing to mitigate the risks of delay as NBNT has signalled that they will not be able to sustain the coverage beyond the agreed timescale.

#### **3.3.3 South Wales Specialist Auditory Implant Device Service**

In January 2024, the service (provided by CVUHB) was asked to submit a waiting list plan and trajectory setting out how the service will move towards achieving a 26 week wait. Following ongoing concerns, the JCC met with the HB on 19<sup>th</sup> February to discuss next steps and an action plan to be reviewed at the next performance and assurance meeting with the service on the 10<sup>th</sup> March.

### 3.4 Women and Children Highlights

#### 3.4.1 Neonatal Services and Paediatric Intensive Care Double Escalation Meeting

A double escalation meeting between the JCC and CVUHB took place on 15<sup>th</sup> January 2025 to discuss Neonatal Services and Paediatric Intensive Care at the Children’s Hospital for Wales (CHW). Progress against the previously jointly agreed escalation objectives were discussed in detail in order to understand the internal processes in place for reviewing and acting on the available evidence and data, with the purpose of seeking assurance that these processes are robust. Discussion also took place regarding the neonatal dashboard which has been developed and will show the activity, discharges and refusals. The data will be analysed by the HB and shared with the JCC. HB representatives have been invited to present a progress update against the objectives to the new JCC QSOC at the next meeting on the 31<sup>st</sup> March 2025 as an example of collaborative working to improve services. There was agreement from both organisations during the meeting that Neonatal Services and Paediatric Intensive Care should remain at escalation level 3.

## 4. PUBLISHED POLICIES AND SERVICE SPECIFICATIONS

Both the policy and service specification for the Paediatric Persistent Pain Service for children aged up to 16 years (CP290 & SS290), were published in January 2025. The Paediatric Neuropsychology commissioning policy (CP296) was published in January 2025. The Specialist Paediatric Imaging Service (excluding neuroimaging) (Aged up to 16 years) (SS161) was published February 2025. All of these policies/service specifications were approved in the JCC Policy Group meetings. The JCC consulted on each of these individually with a number of responses received. All responses were acknowledged and where appropriate changes made to each document. The final approved versions are published on the JCC website. Each document is used to support and maintain service development.

## 5. ASSESSMENT

This report is provided for information and does not identify any specific actions required of the JCC.

<b>Objectives / Strategy</b>	
<b>Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)</b>	Maximise Value
	Ensure Quality Reduce Duplication Improve Equity and Population Health
	A Healthier Wales

<p><b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b>  <a href="#">150623-guide-to-the-fg-act-en.pdf</a>  <a href="#">(futuregenerations.wales)</a></p>	<p>A More Equal Wales</p>
<p><b>Dolen i Hwyluswyr Ansawdd</b>  <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i>  <b>Link to Enablers of Quality</b>  <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a></p>	<p>Learning, Improvement &amp; Research</p>
<p><b>Dolen i Feysydd Ansawdd</b>  <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i>  <b>Link to Domains of Quality</b>  <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a></p>	<p>Effective</p> <p>Efficient  Equitable  Person Centred  Timely  Safe</p>
<p><b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b></p>	<p>No - Not Applicable</p>

<b>Impact Assessment</b>		
<p><b>Ansawdd</b>  <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i>  <b>Quality</b>  <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
<p><b>Cydraddoldeb</b></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>

<p><i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Gydraddoldeb? /</i>  <b>Equality</b>  <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Outcome:</p>	<p>Not applicable at this stage</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw da / Reputational</b></p>	<p>Yes (Include further detail below)  Reputational impact of delivering those activities delegated to the NHS Wales Joint Commissioning Committee</p>	
<p><b>Effaith Adnoddau</b>  <i>(Pobl /Ariannol) /</i>  <b>Resource Impact</b>  <i>(People / Financial)</i></p>	<p>Yes (Include further detail below)  Any resource implications associated with current specialised commissioning activities described in the in the paper are described within the body of the text</p>	

## 6. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the specialised commissioning updates summarised in this report; and
- **Note** the summary of specialised risks described, mindful that these are managed by means of the organisational risk register and that risks and services in escalation are reported to the JCC Quality, Safety and Outcomes sub-committee (QSO) for detailed scrutiny.

## 7. NEXT STEPS

Further updates will be provided at future meetings.