

2.5.2 Appendix 2 – Commissioning Team Highlights

Specialised Services Commissioning Highlights

The following commissioning highlights for the period July/August 2025 have been identified by the Heads of Commissioning and Commissioning Managers as being of potential interest to the NWJCC.

1. Cancer and Blood Highlights

Continued Expansion in SABR provision in Wales

The previous report noted that BCUHB had written to the NWJCC to confirm their readiness to engage in the provider designation process to be commissioned to provide SABR for lung cancer. The proposal was received by the NWJCC Cancer & Blood commissioning team on 3 March 2025 and the provider designation process took place over the first quarter 2025-26. The HB's proposal has been approved via the NWJCC governance process, through Finance Working Group and SSSCG in May, and final approval at CCLG in June 2025. NWJCC will be writing shortly to BCUHB to confirm it would like to commission the HB as a designated provider of SABR for the population of north Wales.

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

2. Cardiac Highlights

Transcatheter Aortic Valve Implantation (TAVI) Performance

As noted in the last update for the JC, CVUHB, SBUHB and Liverpool Heart and Chest Hospital continue to report significant increases in the number of TAVIs undertaken which now exceeds their respective contract baselines. 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 going forward.

Cardiac Review Phase 2

It has previously been agreed that the second phase of the NWJCC 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 NWJCC, has been subject to formal consultation. Although this document was developed in conjunction with clinical input from all three NWJCC commissioned Cardiac Surgery Centres, a large number of comments were received from stakeholders and a revised version has recently been agreed by the NWJCC Policy Group and the document will be published imminently.

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 of the 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. A Project Initiation Document has been developed and supported by the Cardiac Commissioning Team to be taken forward through the agreed NWJCC structures.

3. Neurosciences and Long-Term Conditions Highlights

Deep Brain Stimulation (DBS)

The DBS pathway into North Bristol NHS Trust was temporarily suspended under an 'urgent service change' arrangement during Autumn of 2023. An alternate temporary pathway was secured and is currently being delivered through a collaboration between University College London Hospitals NHS Foundation Trust and Cardiff and Vale University Health Board whilst the process to designate a permanent provider is concluded.

The JCC Medical Director will communicate with the Health Board Medical Directors shortly, to let them know that the DBS pathway provided by North Bristol NHS Trust will re-open and for it to be cascaded to the referring clinicians. The temporary pathway provided by University College London Hospitals NHS Foundation Trust in partnership with Cardiff & Vale University Health Board will remain open to ensure continuity of care for patients and will continue to accept new referrals alongside the pathway provided North Bristol NHS Trust.

In terms of next steps, the JCC will engage with clinicians and stakeholders on the development of a service specification. The service specification will be utilised in the provider designation process, which is planned to conclude by the end of March 2026.

4. Women and Children Highlights

Neonatal Intensive Care Escalation Meeting

An escalation meeting between the NWJCC and CVUHB took place on the 1st July 2025 to discuss Neonatal Services at the Children's Hospital for Wales. Progress against the previously agreed joint escalation objectives was discussed, with the purpose of seeking assurance that the processes in place are robust. The August meeting has been stood down at the request of the NWJCC Director of Commissioning for Specialised Services so that finance discussions can take place prior to the next meeting which is scheduled for the 23rd September 2025. CVUHB

believe that they are underfunded for their activity and the commissioning team has been tasked with investigating. The service remains at escalation level

Paediatric Intensive Care Escalation Meeting

An escalation meeting between the NWJCC and CVUHB took place on the 9th June 2025 to discuss Paediatric Intensive Care Services at the Children's Hospital for Wales. Progress against the previously agreed joint escalation objectives was discussed, with the purpose of seeking assurance that the processes in place are robust. In light of improvements and assurances received, the Paediatric Intensive Care Unit has now been de-escalated from level 2 to level 1 (enhanced monitoring), in line with the NWJCC Escalation Framework. Enhanced monitoring involves putting effective processes in place to drive improvement and will be closely monitored and reviewed by the Women & Children commissioning team, addressing the remaining jointly agreed objectives and monitoring through the performance framework.

A separate meeting was also held with colleagues from the Children's Hospital for Wales in June 2025 to discuss the Paediatric Intensive Care Dashboard that has been developed, with good progress noted.

Monitoring against the outstanding objectives that were agreed in August 2024 will carry on and involve the continued monthly submission of the detailed daily dashboard and consistent ongoing submission of good quality data. The commissioning team have arranged a follow up meeting with CVUHB in September 2025 to review and discuss progress against the escalation objectives.

Neonatal Quality Assurance Quarterly Meetings

The Women & Children commissioning team continues to hold quarterly performance and assurance meetings with all the providers of neonatal services, as part of the routine monitoring of all commissioned services. The meetings provide an opportunity to discuss a range of Quality and Patient Safety matters including staffing, recruitment, incident reporting and learning, patient experience, admission and referral refusals, infection prevention and control etc.