

Agenda Item

2.5

Joint Commissioning Committee

Director of Commissioning Specialised Services

Dyddiad y Cyfarfod / Date of Meeting	21/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Senior Planning Managers for Cancer & Blood, Cardiac, Neurosciences & Long-Term Conditions and Women & Children Commissioning Portfolios
Cyflwynydd yr Adroddiad / Report Presenter	Melanie Wilkey, Director of Commissioning for Specialised Services
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor, Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
JCC Senior Leadership Team Meeting	08/01/2025	Noted

Acronyms / Glossary of Terms	
AMTP	Advanced Therapy Medicinal Products
CAR-T	Chimeric Antigen Receptor T-cell Therapy
CUBRIC	Cardiff University Brain Imaging Research Institute
CVUHB	Cardiff and Vale University Health Board

DAG	Delivery Assurance Group
HPN	Home Parenteral Nutrition
ICP	Integrated Commissioning Plan
IMTP	Integrated Medium Term Plan
NBT	North Bristol NHS Trust
NMTR	National Major Trauma Registry
JCC	NHS Wales Joint Commissioning Committee
NICE	National Institute for Health and Care Excellence
ODN	Operational Delivery Network
MWL	Mersey and West Lancashire NHS Trust
PRRT	Peptide Receptor Radionuclide Therapy
QSO	Quality, Safety and Outcomes Sub-Committee
RSSPPP	Regional Specialised Services Provider Planning Partnership
SOP	Standard Operating Procedure
SABR	Stereotactic Ablative Body Radiotherapy
SBUHB	Swansea Bay University Health Board
SWTN	South Wales Trauma Network
TAVI	Transcatheter Aortic Valve Implantation
TARN	Trauma Audit Research Network
WHSSC	Welsh Health Specialised Services
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 in order to reduce duplication and ensure consistency.

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

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

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 and Patient Safety Committee. The following risks are highlighted to be of particular note to the Joint Committee.

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 is implementing its delivery plan to treat all patients in the breach cohort by March 2025. However, at the time of writing, formal confirmation of the outcome of Swansea Bay UHB's planned care funding submission to Welsh Government for achieving this target is still awaited. In the event that the planned care funding requested by the health board is not confirmed, there will not be sufficient funding for achieving the 104 weeks key performance indicator for plastic surgery.

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 but delivered by the plastic surgery service in Mersey & West Lancashire Trust (MWL), leading to long waits and particularly for patients who require timely follow up following treatment for skin tumours. Mersey & West Lancashire Trust has indicated that it may require an alternative funding model to meet the requirements of the out-reach service. This issue has been escalated to an executive level meeting taking place on 13 January between BCUHB, MWL and NWJCC to agree the way forward.

2.2 Cardiac Commissioning Risks

2.2.1 Salford Royal Hospital Obesity Surgery Waiting Times:

Patients from Betsi Cadwaladr University Health Board 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. The JCC has agreed that a portion of the resource allocated to Swansea Bay University Health Board 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 NWJCC 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 Salford Royal, the recommendation of the Commissioning Team to escalate the service was endorsed by SLT on 8th January 2025.

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 and Major Trauma Centre, 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

2.3.2 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, the next meeting of which is the 22 January 2025.

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. This risk has been mitigated through re-commissioning in 2024-25 and will conclude with a funding release for a Clinical Psychologist (for neuro-modulation) in Q4 2024-25.

2.4.2 South Wales Cochlear Implant and Bone Conduction Hearing Implants

The Cochlear Implant and Bone Conduction Hearing Implant service provided by Cardiff and Vale University Health Board 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 and continues to be monitored via quarterly commissioner assurance meetings with provider.

2.5.2 Neonatal cots

Significant neonatal nursing shortages and, more broadly, the available workforce within the University Hospital of Wales to support the current demands for

intensive care have led to a risk that babies will not be able to access neonatal cots.

2.5.3 Neonatal Infection Prevention and Control:

If Infection Prevention and Control concerns are not addressed there is a risk that neonates within the Neonatal Intensive Care Unit at the University Hospital of Wales are at greater risk of infections.

2.5.4 Paediatric Radiology:

Given that a 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, a new service proposal has been requested. Quarterly Paediatric Radiology assurance meetings continue to take place with the service, with progression against the business case included as an agenda item. The HB has confirmed that recruitment is progressing, and we await confirmation of progression against outstanding aspects including non-medical matters.

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 Betsi Cadwaladr University Health Board had written to the JCC to confirm its readiness to engage in the provider designation process to be commissioned to provide Stereotactic Ablative Body Radiotherapy (SABR) for lung cancer. Further to this, cancer services in BCUHB have indicated that they expect to formally submit their proposal to the JCC in January 2025. It is anticipated the provider designation process will take place during quarter 4 so that, subject to a successful evaluation, commissioning and provision of SABR in north Wales could commence in 2025/26. If this first step is successful, it would be anticipated that the service in Betsi Cadwaladr University Health Board would follow a similar path to that in Swansea Bay University Health Board to expand to a wider range of clinical indications over time.

3.1.3 Advanced Therapy Medicinal Products (ATMP) implementation

No change from the previous report with regard to the current position for the recently NICE approved Advanced Therapy Medicinal Products (ATMPs) for Beta-Thalassaemia and Haemophilia B. Work remains on-going to establish the pathways for these services.

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

The JCC is currently working with CVUHB to evaluate the HBs 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.

3.2 Cardiac Highlights

3.2.1 TAVI performance:

As noted in the last update for the JCC, Cardiff & Vale University Health Board and Liverpool Heart and Chest Hospital 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 Swansea Bay University Health Board 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. Cardiff and Vale University Health Board 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. The commissioning implications of this arrangement will be discussed with HB colleagues, noting also that the revised arrangements were instituted prior to being considered or endorsed by the JCC.

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 Cardiff and Vale University Health Board and Swansea Bay University Health Board 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 in January 2025.

Delivery timescales for the Cardiac Review, which had 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 JCC's forthcoming 2025-28 IMTP.

3.2.3 Aortic Stenosis Pathway Meetings

Representatives from the JCC Cardiac Commissioning Team attended two recent meetings for South East and South West Wales clinical colleagues focussed on the pathway for aortic stenosis patients and access to relevant specialised interventions (TAVI and Cardiac Surgery). These meetings were facilitated by the National Strategic Clinical Network for Cardiovascular Conditions and were well attended by both referring and tertiary service clinicians. There was a recognition that many of the issues identified related to those elements of the pathway outside the remit of the JCC, albeit that their being addressed may result in increased demand for specialised services and further cost pressures. Moving forward, the Network agreed to work with clinical colleagues to apply a Quality Improvement approach to pathway optimisation, supported by the JCC Cardiac Commissioning Team as required.

3.3 Intestinal Failure Highlights

3.3.1 Portfolio Financial Position

This portfolio continues to be under scrutiny with regards the financial position, particularly related to the increasing costs of private sector home care. A new delivery framework was agreed in 2024 which encompassed three private providers who are able to deliver a Home Parenteral Nutrition (HPN) service across Wales. The contract renewal costs were projected to entail a price increase of c.£3m per annum, predominantly attributed to both increasing nursing and drug costs. A range of efficiency projects have been identified within the portfolio including:

- Continued monitoring of length of stay
- Patient reviews to assess most cost-effective provider (aligned with patient need)
- Enhanced controls in IPFR
- Prescribing reviews

3.4 Neurosciences and Long-Term Conditions Highlights

3.4.1 Deep Brain Stimulation (DBS)

Following the suspension of the North Bristol NHS Trust (NBT) DBS pathway in 2023, a temporary pathway was agreed for patients at University College Hospital London, with elements of the pathway provided by Cardiff and Vale University Health Board at the Cardiff University Brain Research Imaging Centre (CUBRIC).

Following assurances provided by colleagues in North Bristol NHS Trust, 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.

3.4.2 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 Cardiff & Vale Health Board with the North Bristol NHS Trust 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.

Cardiff and Vale University Health Board 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. Discussions are ongoing in order to mitigate the risks of delay as North Bristol NHS Trust has signalled that they will not be able to sustain the coverage beyond the agreed timescale.

3.4.3 South Wales Specialist Auditory Implant Device Service

In January 2024, the service (provided by Cardiff & Vale University Health Board) was asked to submit a waiting list plan and trajectory setting out how the service will move towards achieving a 26 week wait.

In month 7, there were:

- 8 adult patients awaiting Bone Conduction Hearing Implant (BCHI) surgery for over 26 weeks and 1 patient waiting over 52 weeks. Of the 8 patients there were 3 adults in CVUHB and 5 adults in SBUHB.
- 13 CVUHB patients (adults and children) awaiting surgery for a Cochlear Implant of which 6 had been waiting over 26 weeks and 4 patients waiting over 52 weeks. Of the 13 patients, there are fewer than 5 children. It has also been noted that there has been no paediatric surgery undertaken since July 24.

This presents an equity risk for patients in South Wales, as patients in North Wales and North Powys are accessing services that achieve the 26-week RTT. An improvement plan and trajectory was requested 12 months ago. Additional information has been requested for the patients waiting longer than 26 weeks regarding individual plans. Discussions are ongoing with the service around next steps.

3.5 Women and Children Highlights

3.5.1 Neonatal Services and Paediatric Intensive Care Double Escalation Meeting

A double escalation meeting between the JCC and Cardiff and Vale University Health Board took place on 25 November 2024 to discuss Neonatal Services and Paediatric Intensive Care at the Children's Hospital for Wales. 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 and the start date for the HB to populate the dashboard was advised as 1 December 2024. HB representatives were invited to present a progress update against the objectives to the new JCC Quality, Safety and Outcomes sub-committee on 3 February 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.

3.5.2 The NHS Wales Women's Health Plan 2025-2035

The plan was published in December 2024 as a 10-year vision for women's health in Wales. It is an NHS Plan, which has been co-ordinated and led by the National Strategic Clinical Network for Women's Health with involvement from many stakeholders including NHS staff. The plan will be delivered over ten years, through short-, medium- and long-term actions and follows a life course approach. The plan outlines the key health inequalities experienced by women in Wales at a population level, and highlights some of the differences in health that are emerging. It also highlights opportunities for closing the gender gap, improving health across NHS services and brings to attention areas of innovation and best practice. The plan will have implications for the JCC in terms of priorities, commissioning and timeframes. Detailed scoping from the Gynaecology Clinical Implementation Network and Women's Health Network will be undertaken and following this the Women and Children Commissioning Team will develop options for the priority areas identified within the plan for consideration by the JCC as part of our planning process. This is anticipated for later in 2025. In addition, HBs have provided information describing existing specialised services and risks for women's health following a previous request from the JCC Management Group. These responses will be considered as part of the commissioning process.

3.5.3 Paediatric Oncology Service Specification

The Service Specification for Services for Children with Cancer (SS86), was published in December 2024, following approval at the November JCC Policy Group meeting. The JCC consulted on the specification with a number of responses received. No significant changes were made to the document as a result of the review. The section relating to Clinical Trials has been strengthened with updated information relating to participation in these, including referral outside of Wales if the specific clinical trial is not available locally. Information on Excess Treatment costs, and information on inclusion in a relevant biobank are now contained in the document. The revised Service Specification will be used to support the service reviews of provider organisations.

4. ASSESSMENT

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

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality Reduce Duplication Improve Equity and Population Health
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	A More Equal Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient Equitable Person Centred Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment

Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Not applicable at this stage
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Not applicable at this stage
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Reputational impact of delivering those activities delegated to the NHS Wales Joint Commissioning Committee	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	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	

5. RECOMMENDATIONS

The Joint Commissioning 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 (QSO) sub-committee for detailed scrutiny.

6. NEXT STEPS

Further updates will be provided at future meetings.