

Agenda Item

2.3.3

Joint Commissioning Committee

Director of Commissioning Specialised Services

Dyddiad y Cyfarfod / Date of Meeting	12/11/2024
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	Professor Iolo Doull, Medical Director
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	04/11/2024	Noted

Acronyms / Glossary of Terms	
AMTP	Advanced Therapy Medicinal Products
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
PRRT	Peptide Receptor Radionuclide Therapy
QPSC	Quality & Patient Safety 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 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

Organisational leadership for specialised commissioning is currently provided by the Medical Director, Professor Iolo Doull, pending the commencement of Melanie Wilkey, the new JCC Director of Specialised Commissioning in December 2024.

2. COMMISSIONING HIGHLIGHTS

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

2.1 Cancer and Blood

2.1.1 Developments in specialised radiotherapy:

- **Repatriation of Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours:** Following a successful provider designation process which completed earlier in 2024, Velindre Cancer Centre will be commissioned by the JCC to provide PRRT for Neuroendocrine Tumour (NET) patients. It is anticipated the service – which will repatriate the service from London to south Wales, will enable patients to access treatment closer to home – this will commence in quarter 4 2024.
- **Continued Expansion in Stereotactic Ablative Body Radiotherapy (SABR) provision in Wales:** Since late 2023/24, the JCC has commissioned three additional indications for SABR (pelvic, pancreatic and kidney), whilst Swansea Bay University Health Board has been commissioned to expand the range of indications treated with SABR at the South West Wales Cancer Centre (including activity previously delivered for south west patients at Velindre, plus newly commissioned indications). In addition, Betsi Cadwaladr University Health Board has recently written to JCC to confirm its readiness to engage in the provider designation to be commissioned for provide SABR for lung cancer. This will enable patients to be treated at the North Wales Cancer Treatment Centre, repatriating the service from the Clatterbridge Cancer Centre in Liverpool. 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.
- **Advanced Therapy Medicinal Products (AMTP) implementation:**
 - Hereditary Anaemias: following recent NICE approval of gene therapy for patients with Beta-Thalassaemia, work is currently taking place to establish pathways for patients from Wales who may be eligible for this treatment.
 - Haemophilia B: Approved by NICE in summer 2024. Preparatory work continues to establish the service in Cardiff & Vale UHB, in particular in relation to pharmacy requirements.

2.2 Cardiac

- **TAVI performance:** All three JCC-commissioned TAVI Centres continue to report significant increases in the number of TAVIs undertaken during 2024/25 relative to previous years; only Swansea Bay University Health Board remains within its contract baseline, which was re-profiled as a result of Phase 1 of the Cardiac Review. 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. Although a

notable success, this uplift was commenced prior to the Health Board seeking JCC endorsement.

- **Cardiac Review Phase 2:** It has 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). Work to agree governance processes and identify resource requirements is currently underway; a Cardiac Surgery Service Specification – which the health boards had agreed would be taken forward by the JCC – is out for formal consultation, having been developed in conjunction with clinical input from all three JCC-commissioned Cardiac Surgery Centres. Delivery timescales, which had envisaged the completion of Phase 2 by the end of 2024/25, may need to be revised in view of the structures and resources required for robust collective delivery.
- **South Wales Trauma Network Annual Conference:** The Network – whose commissioning is within the ambit of the Cardiac Commissioning Team – was hosted by Swansea Bay University Health Board for its 2024 Annual Conference on 11 October 2024. The event was well attended by clinical and management colleagues from across the health boards supported by the Network; participants received a range of strategic updates and a patient story, and participated in a number of clinical development workshops. Concerns with access to the new National Major Trauma Registry (NMTR) were noted as progressing towards resolution, and the Network’s successful Gateway5 review acknowledged.
- **Repatriation Cardiothoracic Surgery to the University Hospital of Wales:** The planned repatriation of Cardiothoracic Surgery from University Hospital Llandough to the University Hospital of Wales took place in September 2024. Facilitated by extensive planning and a considerable team effort, the process has been widely commended by all stakeholders and the number of referrals to other providers (e.g. Swansea Bay University Health Board) was smaller than had been anticipated.

2.3 Intestinal Failure

- **Portfolio Financial Position:** A new delivery framework was agreed earlier in 2024 which encompassed three private providers who are able to deliver a Home Parenteral Nutrition (HPN) service across Wales. The contract renewal costs projected to entail a price increase of c.£3m per annum, predominantly attributed to both increasing nursing and drug costs. The clinical team have put controls in place to mitigate the impact of this increase and the JCC IPFR team will elevate the level of scrutiny of the cases being submitted. In addition, the service has received significant scrutiny over the past 12 months, with a number of activities being subject to ongoing financial oversight and analysis (e.g. IPFR Controls; patient Length of Stay; Paediatric prescribing).

2.4 Neurosciences and Long-Term Conditions

- **Deep Brain Stimulation (DBS):** Following the suspension of the North Bristol NHS Trust (NBT) DBS pathway in 2023, a temporary pathway has been 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). New DBS referrals are being managed via the gatekeeper, with the first patients having been seen in September 2024. The JCC continues to work with North Bristol NHS Trust to secure assurance relating to current DBS patients and to re-open the NBT pathway, with the aim of doing so in early Q3. 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.
- **North Wales Paediatric Cochlear Implants:** In order to ensure that North Wales Paediatric Cochlear Implant patients receive follow up care closer to home, the process of repatriating patients from Manchester University Hospital is now underway and the transformation is being proactively monitored via regular meetings with the service and Betsi Cadwaladr University Health Board interface meetings.
- **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 been asked to submit a benefits realisation plan prior to the phase 1 funding release planned for quarter 4 (2024-25). The plan has yet to be received and discussions are ongoing in order to mitigate any risk of any a delay to the allocation of funding, mindful of concerns that the service provided by North Bristol Trust will not be able to sustain the coverage beyond the agreed timescale.

2.5 Women and Children

- **Paediatric Strategy Implementation Board:** The latest Board meeting was held on 10 September 2024 and discussed progress against the specialised paediatric services strategy 5-year plan, which had been agreed by WHSSC Joint Committee in September 2022. Although some implementation delays due to ongoing financial and resource constraints were noted, members were updated on progress for years 1, 2 and 3 and discussed the anticipated completion of outstanding actions. Members were advised that key objectives for 2024/25 included the formal commissioning of paediatric ophthalmology and the completion of the current backlog of service reviews.
- **Neonatal Transport Delivery Assurance Group:** The Group met on 1 October 2024 to discuss activity and performance. A number of issues and risks were highlighted:

- Development of the Transport Operational Delivery Network (ODN) has been ceased pending the Neonatal Services Review Phase 2; concerns from the transport team and referral units relating to night-time service inequity impacting both uplift and capacity referrals were noted
- A meeting with the clinical, medical and nursing leads of all the referral units had explored the current criteria; a new Standard Operating Procedure (SOP) to ensure equity of service during both day and night was approved by the Delivery Assurance Group in principle, although confirmation of a start date remains pending owing to neonatal transport leads and members of the transport sub group advising that the service is not adequately funded to meet the SOP's criteria. Delivery Assurance Group members agreed to discuss with the transport sub group and their provider health boards managerial teams
- An extension of the current interim model was agreed whilst Phase 2 of the Neonatal Services Review remains ongoing.
- **Paediatric and Neonatal Escalation Reset Meeting:** A meeting between the JCC and Cardiff and Vale University Health Board took place on 18 September 2024 to collaboratively agree a way forward and identify two Executive Leads to support the escalation process from both a commissioner and provider perspective. Escalation objectives and outcomes were jointly agreed; both services currently remain in Level 3 escalation and pathways to de-escalation were discussed. Monthly double escalation meetings for Paediatric Intensive Care and Neonatal Intensive Care will re-commence from November 2024.

3. 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.

3.1 Cancer and Blood

- **Plastic surgery waiting times in South Wales:** There are currently plastic surgery patients waiting in excess of the target that no patients should wait longer than 104 weeks by March 2025. The outcome of Swansea Bay University Health Board's submission to Welsh Government for achieving this target, which included plastic surgery, is currently awaited.
- **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, 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.

3.2 Cardiac

- **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).
- **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 the instituting of both the 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.

3.3 Intestinal Failure

- **Financial risks**
As highlighted in section 2, the portfolio is subject to projected price increases which have compelled a number of associated risks that will be explored at the next Intestinal Failure Commissioning Team.

3.4 Neurosciences and Long-Term Conditions

- **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 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.
- **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.

3.5 Women and Children

- **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 is monitored via Quarterly Commissioner Assurance Meetings with provider.
- **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.
- **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.
- **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 by 31 October 2024 and the JCC Senior Leadership Team advised of changes to the original business case and phased approach to delivering a 24/7 service.

4. ASSESSMENT

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

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	Learning, Improvement & Research

(<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Enablers of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)	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 and Patient Safety Committee (QPSC) for detailed scrutiny.

6. NEXT STEPS

Further updates will be provided at future meetings