Joint Committee - In Public

Tue 30 January 2024, 09:30 - 12:15

Teams

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

0.0 JC Public Agenda - 30 January 2024.pdf (2 pages)

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Minutes of the Meeting held on 21 November 2023 and Matters Arising

Att. *Chair*

1.4 Draft JC (Public) Minutes 21 November.pdf (14 pages)

1.5. Action Log

Att. *Chair*

1.5 JC Action Log.pdf (3 pages)

09:30 - 09:30
0 min

2. PRESENTATION

2.1. Integrated Commissioning Plan (ICP)

Pres & Att. *Director of Planning & Performance*

2.1 Presentation - JC ICP 30.1.24 v6.pdf (13 pages)
2.1 Integrated Commissioning Plan (ICP) 2024-2025.pdf (5 pages)
2.1.1a Appendix 1 - ICP2425 Final.pdf (148 pages)

2.2. Advanced Therapeutic Medical Products (ATMP)

Pres & Att. *Programme Director*

2.2 Presentation - Commissioning of ATMPs in Wales.pdf (10 pages)
2.2 Commissioning of ATMPs in Wales.pdf (11 pages)
2.2.1 Appendix 1 - ATMP Commissioning Framework January 2024.pdf (17 pages)

09:30 - 09:30
0 min

3. ITEMS FOR CONSIDERATION AND/OR DECISION

3.1. Chair’s Report

Att. *Chair*

3.1 Chair's Report.pdf (3 pages)

3.2. Managing Director's Report

Att. *Managing Director*

3.2 Managing Director's Report.pdf (3 pages)

3.3. Delivering Mechanical Thrombectomy Capacity in South Wales (Phase 1)

Att. *Director of Planning & Performance*

3.3 Delivering Mechanical Thrombectomy Capacity in South Wales.pdf (13 pages)
3.3.1 Appendix 1 - WHSSC Thrombectomy position statement.pdf (8 pages)
3.3.2 Appendix 2 - Workforce Infrastructure 140923.pdf (4 pages)

3.4. WHSSC Cardiac Review - Outcomes of Phase 1

Att. *Director of Planning & Performance*

3.4 WHSSC Cardiac Review Phase 1.pdf (14 pages)

3.5. Mental Health Specialised Services Strategy for Wales 2024/25-2028/29

Att. *Director of Mental Health*

3.5 Mental Health Specialised Services Strategy For Wales 2024 - 29.pdf (5 pages)
3.5.1 Appendix 1 - Draft Final MH Strategy - V2.8.pdf (75 pages)

3.6. All Wales PET Programme Progress Report

Att. *Managing Director*

3.6 All Wales PET Programme Progress Report.pdf (9 pages)
3.6.1 Appendix 1 - Change_Request_Form_v0.2_Swansea Project.pdf (4 pages)
3.6.2 Appendix 2 - All Wales PET Programme Request for Workforce Training.pdf (5 pages)
3.6.3 Appendix 3 - NIHR IO_PET Radiopharmaceuticals Final Report_V1.2.pdf (100 pages)

3.7. Business Continuity Risks Related to Establishment of the Joint Commissioning Committee

Att. *Managing Director*

3.7 Business Continuity Risks for the Establishment of the JCC.pdf (8 pages)
3.7.1 Appendix 1 - Programme Initiation Document Final v0.9.pdf (24 pages)

3.8. Corporate Risk Assurance Framework (CRAF)

Att. *Committee Secretary*

3.8 WHSSC CRAF Cover Report - December 2023.pdf (7 pages)
3.8.1 Appendix 1 - CRAF December 2023 V2.pdf (34 pages)
3.8.2 Appendix 2 - Summary of Risk Activity from July - Dec 2023 v2.pdf (13 pages)

09:30 - 09:30
0 min

4. ROUTINE REPORTS AND ITEMS FOR INFORMATION

4.1. WHSSC Performance Report - November 2023-2024

Att. *Director of Planning & Performance*

4.1 WHSSC Performance Report (8) November 2023 - final.pdf (37 pages)

4.2. Financial Performance Report Month 9 2023-2024

Att. *Director of Finance & Information*

4.2 Financial Report Month 9 2023-2024 WHSSC.pdf (12 pages)

4.3. South Wales Trauma Network Delivery Assurance Group

Att. *Director of Planning & Performance*

4.3 South Wales Trauma Network (SWTN) DAG Report Q2 2023-24.pdf (5 pages)

4.4. Corporate Governance Matters Report

Att. *Committee Secretary*

4.4 Corporate Governance Report.pdf (4 pages)
4.4.1 Appendix 1 - WHSSC Joint Committee 12 Month Forward Work Plan.pdf (9 pages)

4.5. Reports from the Joint Sub-Committees

Att. *Joint Sub-Committee Chairs*

i. Audit and Risk Committee (ARC) Assurance Reports
ii. Management Group Briefings
iii. Individual Patient Funding Request (IPFR) Panel
iv. Welsh Kidney Network (WKN)

4.5.1 Audit and Risk Committee Assurance Report 19 December 2023.pdf (2 pages)
4.5.2a MG Core Brief 23 November 2023.pdf (3 pages)
4.5.2b MG Core Brief 14 December 2023.pdf (4 pages)
4.5.3 IPFR Chair Report.pdf (2 pages)
4.5.4 WKN Chairs Report v3.pdf (4 pages)

09:30 - 09:30
0 min

5. CONCLUDING BUSINESS

5.1. Any Other Business

Oral *Chair*

5.2. Date of Next Meeting (Scheduled)

Oral *Chair*

- 19 March 2024 at 13.30 hrs
- JCC - Date TBC

5.3. In Committee Resolution

Oral *Chair*

The Joint Committee is recommended to make the following resolution: “That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)”.

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

WHSSC Joint Committee Meeting held in public
Tuesday 30 January 2024
At 9.30 hrs
Microsoft Teams

ITEM		LEAD	PAPER / ORAL	TIME
1.0	**PRELIMINARY MATTERS**			
1.1	Welcome and Introductions	Chair	Oral	09:30 - 09:35
1.2	Apologies for Absence	Chair	Oral	
1.3	Declarations of Interest	Chair	Oral	
1.4	Minutes of the Meeting held on 21 November 2023 and Matters Arising	Chair	Att.	
1.5	Action Log	Chair	Att.	
2.0	**PRESENTATIONS**			
2.1	Integrated Commissioning Plan (ICP)	Director of Planning & Performance	Pres & Att.	09:35 - 10:00
2.2	Commissioning of Advanced Therapy Medicinal Products (ATMPs) in Wales	Programme Director	Pres & Att.	10.00 - 10:10
3.0	**ITEMS FOR CONSIDERATION AND/OR DECISION**			
3.1	Chair's Report	Chair	Att.	10:10 - 10:15
3.2	Managing Director's Report	Managing Director	Att.	10:15 - 10:20
3.3	Delivering Mechanical Thrombectomy Capacity in South Wales (Phase 1)	Director of Planning & Performance	Att.	10:20 - 10:30
3.4	WHSSC Cardiac Review – Outcomes of Phase 1	Director of Planning & Performance	Att.	10:30 - 10:40
3.5	Mental Health Specialised Services Strategy for Wales 2024/25-2028/29	Director of Mental Health	Att.	10:40 - 10:50
3.6	All Wales PET Programme Progress Report	Managing Director	Att.	10:50 - 11:00
3.7	Business Continuity Risks Related to the Establishment of the Joint Commissioning Committee	Managing Director	Att.	11:00 - 11:10

ITEM		LEAD	PAPER / ORAL	TIME
3.8	Corporate Risk Assurance Framework (CRAF)	Committee Secretary	Att.	11:10 - 11:15
Comfort Break 11:15-11:30				
4.0	**ROUTINE REPORTS AND ITEMS FOR INFORMATION**			
4.1	WHSSC Integrated Performance Report - November 2023-2024	Director of Planning & Performance	Att.	11:30 - 11:40
4.2	Financial Performance Report Month 9 2023-2024	Director of Finance & Information	Att.	11:40 - 11:45
4.3	South Wales Trauma Network Delivery Assurance Group	Director of Planning & Performance	Att.	11:45 - 11:50
4.4	Corporate Governance Matters Report	Committee Secretary	Att.	11:50 - 11:55
4.5	Reports from the Joint Sub-Committees i. Audit and Risk Committee (ARC) Assurance Reports ii. Management Group Briefings iii. Individual Patient Funding Request (IPFR) Panel iv. Welsh Kidney Network (WKN)	Joint Sub-Committee Chairs	Att.	11:55 - 12:10
5.0	**CONCLUDING BUSINESS**			
5.1	Any Other Business	Chair	Oral	12:10 - 12:15
5.2	Date of Next Meeting (Scheduled) - 19 March 2024 at 13.30 hrs - JCC Date TBC	Chair	Oral	
5.3	In Committee Resolution The Joint Committee is recommended to make the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".	Chair	Oral	12:15

Unconfirmed Minutes of the WHSSC Joint Committee Meeting held In Public on Tuesday 21 November 2023 via MS Teams

Members:

Kate Eden	(KE)	Chair, WHSSC
Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing Quality
Carolyn Donoghue	(CD)	Independent Member, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Richard Evans	(RE)	Interim Chief Executive Officer, Swansea Bay UHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Chantal Patel	(ChP)	Independent Member, WHSSC
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Interim Chief Executive Officer, Betsi Cadwaladr UHB
Steve Spill	(SS)	Independent Member, WHSSC
Hayley Thomas	(HTh)	Interim Chief Executive Officer, Powys teaching HB
Paul Mears	(PM)	Chief Executive Officer, CTMUHB
Stacey Taylor	(ST)	Director of Finance and Information, WHSSC

Deputies:

Abigail Harris	(AH)	Executive Director of Planning, Cardiff and Vale UHB

In Attendance:

Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Nicola Johnson	(NJ)	Director of Planning & Performance , WHSSC
Jacqui Maunder-Evans	(JME)	Committee Secretary & Associate Director of Corporate Services, WHSSC
David Roberts	(DR)	Director for Mental Health & Vulnerable Groups, WHSSC
Helen Tyler	(HT)	Head of Corporate Governance, WHSSC
James Leaves	(JL)	Assistant Director of Finance and Information, WHSSC
Andrew Doughton	(AD)	Audit Manager, Audit Wales

Observing:

Claire Harris	(CH)	Palliative Nurse, Aneurin Bevan UHB
Lizzie Abderrahim	(LA)	Chair WHSSC Individual Patient Funding Request (IPFR) Panel

Apologies:

Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale UHB

Ian Phillips	(IP)	Independent Chair, Welsh Kidney Network (WKN)
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government (via Teams)

Minutes:

Karla Williams	(KW)	Risk and Governance Officer, WHSSC

Min Ref	Agenda Item
JC23/138	**1.1 Welcome and Introductions** The Chair welcomed Members in Welsh and English. The Chair reminded Members of the purpose of the Joint Committee and the WHSSC values of respect, partnership, improvement and innovation. Introductions were made and members noted that it was Stacey Taylor's first meeting as WHSSC's new Director of Finance and Information, Andrew Doughton (AD), was in attendance for Audit Wales. Members noted that Lizzie Abderrahim (LA), the new WHSSC IPFR panel Chair, Claire Harris (CH), Palliative Care Nurse from Aneurin Bevan UHB were attending as observers. There were no objections to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved.
JC23/139	**1.2 Apologies for Absence** Apologies for absence were noted and listed as above.
JC23/140	**1.3 Declarations of Interest** The Joint Committee (JC) noted the standing declarations and there were no additional declarations of interest made relating to the items for discussion on the agenda.
JC23/141	**1.4 Minutes of the meeting held on 19 September 2023 and Matters Arising** The minutes of the Joint Committee (JC) meeting held on 19 September 2023 were **received** and **approved** as a true and accurate record of discussions. There were no matters arising.
JC23/142	**1.5 Action Log** The action log was received, and members **noted** the progress on the actions outlined on the action log and **approved** action JC23/004 concerning Eating disorder in-patient provision for adults, for closure.

JC23/143	**2.1 Financial Savings Update** The report and presentation outlining the updated financial savings was received. James Leaves (JL) outlined the reported position against the financial savings targets. Members noted good progress had been made against the core plan savings target of £9.2m which were broadly achieved, and JL advised the additional 1% pathway saving falling back to commissioners through the WHSSC position was just under £2m, with a further £1.3m of savings identified that would fall out of Health Board pathway budgets. An update against the financial improvement options was provided and members noted that an additional £3.1m of paused uncommitted expenditure was confirmed within the year end forecast underspend position of (£9.3m). Nicola Prygodzizc (NP) asked if the slides could be shared with members. **Action**: The presentation slides on the financial savings update to be shared with all members via email. The Joint Committee resolved to: • **Note** the presentation.
JC23/144	**2.2 Draft Integrated Commissioning Plan (ICP)** The report presenting the draft 2024-2025 Integrated Commissioning Plan (ICP) was received. Claire Harding (CH) presented the report and members noted that there was a requirement for WHSSC to develop an ICP on behalf of Health Boards (HBs) that must be agreed by the Joint Committee (JC), and align with the WG NHS Planning Framework and Commissioner Integrated Medium Term Plans (IMTPs). Members noted that WHSSC had once again followed its well established annual cycle to develop the ICP, with key governance touchpoints and that the main context was the WHSSC Specialised Services Strategy and other service commissioning strategies. CH advised that in recognition of the austere financial context within which the plan has been developed, there is a heavy emphasis upon value, recommissioning and efficiency. Members noted that a triangulated risk assessment was also being undertaken with the Management Group to prioritise uncommitted schemes from previous plans alongside the results of the Clinical Impact Assessment Group (CIAG) prioritisation process for 2024-2025 to

	ensure that informed choices can be made by the JC in the final Plan. CH advised that the main detail of the plan was outlined in the goals, methods and outcomes sections of the plan for the commissioning services and networks that WHSSC host. Members noted that a recent internal audit review of the ICP process, had received a substantial assurance assessment rating on the number of processes in place to effectively develop and deliver the ICP. ST provided the context on the approach to developing the financial plan, highlighting that individual organisation positions were still being worked through following recent WG announcements regarding funding. As a result, members noted there has been significant variation up until Month 7 and 8 in addition to the uncertainty on the NHS England (NHSE) position due to in part recent industrial action. A high-level early sight draft was presented to the Management Group in October 2023 with a view to developing a draft detailed financial plan by January 2024. Members noted the following next steps: 1. Management Group Workshop MG on 23 November 2023, 2. Joint Committee Workshop on 12 December 2023, 3. Management Group on 14 December 2023 to refine the plan, 4. Joint Committee on 16 January 2024 for approval of the final version. Nicola Prygodzicz (NP) advised that a 3% uplift was not affordable and that members collectively needed to be clear if commitments on new decisions and policies were needed on a national level. Carol Shillabeer (CS) acknowledged the preparation for the ICP and recognised how much work had been done. CS suggested additional detail on what the choices were on the financial challenges going into next year and asked if different scenarios could be presented for discussion. Richard Evans (RE) advised that he recognised the difficulty at looking at best impact and gain, and reiterated the earlier point made by NP and CS. Abigail Harris (AH) advised the clinical benefit and outcome for patients needed to be clearer as well as the risks and implications. Steve Moore (SM) advised there was a need to find a different approach and to think about reduction rather than expansion. He

	supported AH on her point confirming it was important to defend the difficult decisions and to know what the impact outcomes were. SL reassured members that there was work ongoing to look at the criteria and ensure the plan was adding value into the system. Carolyn Donoghue (CD) questioned the timescales for implementing some of the difficult decisions because of the time needed for them to be worked through properly. CD queried what the process was to allow this to happen and what would happen if the normal process we follow did not meet the timescales. SL responded and advised it depended on the scenario as different proposals had different run-in times, and gave an assurance that due process would be followed for any changes. SL advised that some work was already underway and the work will come to the JC for consideration before being implemented. Paul Mears (PM) queried what choices were to be made if we could not invest in additional money, and suggested that WHSSC colleagues present two different scenarios, if we invest and if we do not invest, as commissioning Health Boards (HBs) needed to understand the implications if they chose not to invest. Nicola Johnson (NJ) advised that the scenarios were important and that the team would describe the strategic work that was underway. It was agreed the workshop would include scenarios as well as the work from Management Group on investment schemes and triangulated risk assessments. The Chair thanked members for their feedback and the team for all of their hard work and for providing a detailed update on the progress made so far. The Joint Committee resolved to: • **Note** the report; and • **Discuss** and provide comment on the first draft of the 2024-2025 Integrated Commissioning Plan (ICP).
JC23/145	**3.1 Chair's Report** The Chair's report was received and members **noted:** • **Chairs Action** – a Chair's Action was taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years, • Key meetings attended. The Joint Committee resolved to:

	• **Note** the report; and • **Ratify** the Chair's action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel.
JC23/146	**3.2 Managing Director's Report** The Managing Director's Report was received and members **noted** the following updates. **Cochlear Implant and Bone Conduction Hearing Implant –** The Designated Provider process had been initiated to implement the single centre model agreed by the JC. A letter inviting Expressions of Interest to become the specialist auditory implant device hub with an outreach service was sent to all the Health Boards (HBs) in the South East Wales, South West Wales and South Powys region in July 2023. WHSSC received two responses: CVUHB submitted an Expression of Interest in becoming the specialist auditory implant device hub with an outreach service; and SBUHB confirmed that they wish to work in partnership with CVUHB to develop the outreach support. The results of the full process will be received by the Management Group for scrutiny before a formal recommendation is made to the JC. • **Welsh Healthcare Financial Management Association (HFMA) Innovation, Digital & Data Award** - Congratulations went to James Leaves, Assistant Director of Finance, WHSSC and Sandy Tallon, Head of Information, WHSSC on winning the 'Innovation, Data and Digital' HFMA Wales Branch award in October 2023. James, Sandy and their teams had been working on the financial costs and effects of the new Cystic Fibrosis drug called 'Kaftrio'. The Chair added her congratulations on the piece of work as it provided an insight on the methodology used when assessing high cost drugs. The Joint Committee resolved to: • **Note** the report.
JC23/147	**3.3 Specialised Paediatric Services Update (Mid and South Wales)** The report considered the short term and longer term transformational changes for Paediatric Surgery and Paediatric Intensive Care in 2024/25 following a JC Workshop on 17 November 2023. A recommendation to continue outsourcing paediatric surgery in 2023/24 was received.

	NJ presented the report and members noted that there were currently three services commissioned from the Children's Hospital for Wales (CHfW) that were at Level 3 of the WHSSC Escalation Framework (Paediatric Surgery, Paediatric Intensive Care and Neonatal). These will now be brought together under a single Triple Escalation process with enhanced Executive leadership. This will include detailed objectives as well as objectives addressing the overarching themes, including the interlinked workforce issues. NJ advised that there had been excellent engagement with the provider at Executive and at an operational level. NJ provided updates as follows: • **Paediatric Surgery -** Members noted that current contract volumes had not been met. The waiting times were of serious concern to the WHSSC Quality and Patient Safety Committee (QPSC). Following discussion by HBs at the JC workshop there was now a robust trajectory to reach a 52 week waiting list position by the end of March 2024. However, it was noted that in order to achieve this, the current outsourcing contract with Nuffield would need to continue until the end of the financial year at a cost of £135k for 37 cases. The funding to support outsourcing was within the 2023/24 ICP financial framework so there was no additional cost for commissioner HBs in 2023/24. However, the JC were also asked to approve in principle the continuation of the outsourcing to meet the 36-week waiting times during 2024/25.This funding would be included in the 2024/25. Chantal Patel (CP) asked for clarification on whether additional funding was being sought at this meeting. The Chair confirmed that the ask was to re-affirm the current budget, therefore, no additional funding was required in 2023/24. • **Paediatrics Intensive Care (PIC) -** A number of transformational actions were discussed in relation to stabilising PIC for 2024/25 and beyond, in addition to the existing commitments to formally commission the High Dependency Unit (HDU) linked with tertiary care that was included in the approved WHSSC Specialised Paediatric Services Strategy for 2023/24. It was proposed that a Service Specification for PICU and HDU was developed taking into account National PIC Standards and the GIRFT (Getting It Right First Time) report. The service had undertaken a gap analysis against the GIRFT recommendations and there were notable gaps at outreach and step-down provision. There was also a recognition at the workshop that a clinically-informed programme of work was required to ensure robust networked

	and regional approaches and services were in place. This will include the development of pathways on a case-mix basis and modernising the service model regarding outreach and step-down for respiratory care. PM advised that he supported this year's decision on outsourcing to reduce waiting times, however he was unable to support next year commitment and this would need to be considered through a prioritisation process. Therefore, he was content to support the ambition but not the decision at present. RE agreed and advised it would be helpful for outsourcing to be refined by condition, as some were time sensitive. In addition, that a wider consideration of paediatric surgery is needed as there was now less expertise available in the DGHs due to individuals retiring and it was less likely that a surgeon would be available for surgery. CS confirmed the GIRFT work would be helpful on the paediatric surgery, and the service configuration, but agreed that there were less places available which were able to provide the service. AH thanked the WHSSC team for interfacing with CVUHB, recognising the comments that had been made and the questions received on the model and pathways. AH advised that there was a need to understand what the demand and capacity was on the pathways, as children will present differently due to their underlying needs. There was a need to do work on the model going forward and a need to update the vision and pathways on how services worked together. NJ reiterated AH's input and advised that current service models had impacted on service delivery on a HB level and tertiary services. NJ advised that WHSSC would look at all pathways and describe them in the high-level plan for next year based on the discussions at the meeting. NJ acknowledged the JCs support for the ambition and agreement to formally reaffirm the continued outsourcing of paediatric surgery cases in 2023/24, alongside the team continuing to work on plans in conjunction with CVUHB in the coming months. The Joint Committee resolved to: • **Note** the report and the steps taken to date, • **Approve** the continued outsourcing of paediatric surgery cases in 2023/24. • **Did not Support** the principle of outsourcing the backlog of patients in 2024/25 to support a waiting list position of 36 weeks, with the detail to be considered in the agreement of

	the WHSSC Integrated Commissioning Plan (ICP) 2024/25, but did **support** the ambition to do so; and • **Supported** the transformational programme of work for paediatric surgery and paediatric intensive care for inclusion in the WHSSC ICP 2024/25.
JC23/148	**3.4 Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR)** The report presenting the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy, and which sought support for the proposed changes to the policy prior to being shared with Health Boards for final approval was received. The updated WHSSC IPFR Terms of Reference (ToR) were also presented for approval. SL presented the report and members noted the issues of the ToR were first raised in November 2020 with the JC of WHSSC and the issues regarding the Policy in January 2022. Members noted that there had been extensive stakeholder engagement to develop new ToR and specific but limited changes to the All Wales Policy as requested by WG. Members noted that discussion had also been held with the NHS Wales Board Secretaries Group, the All Wales IPFR Lead and the Policy Implementation Group (PIG). SL advised that the very long time line associated with the process to address the issues identified in the WHSSC ToR and All Wales IPFR Policy, illustrates the very significant complexities in taking forward this change. This was despite it being highlighted as the highest corporate risk within WHSSC and was symptomatic of the lack of clarity around the governance arrangements within the arena of IPFR Policy. The Chair thanked the IPFR team and the NHS Wales Board secretaries on their continued work. It was agreed that the risk score relating the IPFR risk should be reviewed and be reduced following HB board approval. The Joint Committee resolved to: • **Note** the report, • **Note** the feedback from the WHSSC IPFR engagement process with key stakeholders, • **Support** the proposed changes to the All Wales IPFR Policy prior to being submitted to each Health Board (HB) for final approval,

	• **Note** that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC), • **Note** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption, • **Note** that a Task & Finish Group have discussed and agreed some further updates to the WHSSC ToR; and • **Approve** the proposed changes to the WHSSC IPFR Panel ToR.
JC23/149	**3.5 Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks** The report proposing revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODNs) commissioned by WHSSC and the respective services where they sit within WHSSC's remit was received. NJ presented the report and members noted the recommendations to revise arrangements for commissioning, performance management and delivery assurance and the updated ToR's for the South Wales Trauma Network (SWTN) and the South Wales Spinal Network (SWSN) DAGs. Members noted that the arrangements for the Neonatal Transport ODN DAG will be reviewed when a decision is made on whether to operationalise it. Members noted that the proposed annual objectives for the ODNs are set and agreed in the WHSSC ICP, based on the objectives in the WHSSC Service Specification and that these are monitored through the relevant groups. The Joint Committee resolved to: • **Note** the report, • **Approve** the revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODN's) commissioned by WHSSC and the respective services where they sit within WHSSC's remit; and • **Approve** the new Terms of Reference (ToR) that have been prepared for the South Wales Trauma Network (SWTN) and the South Wales Spinal Network (SWSN) Delivery Assurance Groups (DAGs).

JC23/150	**3.6 Gender Identity Services for Children and Young People Update** The report providing an update on the progress of the NHS England (NHSE) Transformation programme for gender services for Children and Young People was received. Members noted that regular updates are presented to the JC through the QPSC Chair's Report, however given the recent media interest, it was deemed beneficial to present a briefing paper to the JC for assurance and to confirm support for the strategic direction for commissioning of the service. The Joint Committee resolved to: • **Note** the information presented in the report regarding the NHS England Transformation Programme for children and young people with gender incongruence, • **Note** the mobilisation timescale and the risk of increased waiting times for children and young people as a result, • **Support** WHSSC's commissioning position of continuing to work with NHS England to progress services in line with the recommendations of the Cass Review, • **Note** the information in the report regarding the financial risks linked to the NHS England mobilisation costs and potential revised tariff that are likely to present an 'in year' risk to WHSSC in 2024-25; and • **Support** inclusion of the proposal for funding for the provision of waiting list support in the WHSSC triangulated risk assessment process which will inform the 2024/25 Integrated Commissioning Plan (ICP).
JC23/151	**3.7 Audit Wales – WHSSC Committee Governance Arrangements Update** The report providing an update on progress against the recommendations outlined in the Audit Wales WHSSC Committee Governance Arrangements report was received. Members noted that progress against the seven recommendations and the relevant actions outlined within the management responses had been monitored through the Integrated Governance Committee (IGC) and the CTMUHB Audit & Risk Committee (ARC). Members noted that the 4 recommendations relating to WHSSC had been completed for WHSSC. Members noted the three recommendations for WG and that progress against the WG management responses was monitored through discussions between the Chair, the WHSSC Managing

	Director and the Director General Health & Social Services/ NHS Wales Chief Executive. Members noted that recommendation 5 had been completed, and recommendations 6 & 7 were categorised as partially completed. Andrew Doughton (AD) advised that there was good ongoing engagement with WHSSC on the progress of the recommendations, and that recommendation 6 relating to sub-regional and regional programme management may potentially take longer due to the new arrangements, and that Audit Wales and WG will continue to engage with WHSSC. In relation to recommendation 7 relating to future governance and accountability arrangements for specialised services this will be likely be categorised as completed soon due to ongoing work on the national commissioning review. The Chair reassured members that if recommendation 6 was not closed, this will be included within the legacy statement that will be prepared in readiness for the transition to a new Joint Commissioning Committee from 1 April 2024. Members noted that an update on progress to HB Audit Committees for assurance in early 2024. This will ensure that all NHS bodies are able to maintain a line of sight on the progress being made, noting WHSSC's status as a Joint Committee of each HB in Wales. The Joint Committee resolved to: • **Note** the report, • **Note** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, • **Note** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and • **Approve** the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in early 2024.
JC23/152	**4.1 WHSSC Integrated Performance Report – August 2023** The report providing a summary of the performance of WHSSC's Commissioned Services was received. Further detail including splits by resident Health Board was provided in an accompanying Power BI Dashboard report. The Joint Committee resolved to: • **Note** the report.
JC23/153	**4.2 Financial Performance Report Month 6 2023-2024**

	The Financial Performance Report setting out the financial position for WHSSC for month 6 2023-2024 was received. Members noted the financial position reported against the 2023-2024 baselines following approval of the 2023-2026 ICP by the JC in February 2023. The year to date financial position reported at month 6 for WHSSC an underspend against the ICP financial plan of £5.171m, the forecast year-end position was an underspend of £9.076m. The Joint Committee resolved to: • **Note** the current financial position and forecast year-end position.
JC23/154	**4.3 Corporate Governance Matters Report** The report providing an update on Corporate Governance Matters that had arisen since the previous meeting was received. Members noted that the draft Annual Report 2023-2024 had been circulated via email after the JC meeting on 19 September 2023, and that the document had been updated to incorporate the feedback received. Jacqui Maunder-Evans (JME) thanked everyone who had taken the time to provide feedback. The Joint Committee resolved to: • **Note** the report, and • **Approve** the WHSSC Annual Report 2022-2023.
JC23/155	**4.4 Reports from the Joint Sub-Committees** The Joint Committee Sub-Committee reports were received as follows: **4.4.1 Audit and Risk Committee (ARC) Assurance Report** The JC noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on 24 October 2023. **4.4.2 Management Group Briefings** The JC noted the core briefing documents from the meetings held on 28 September 2023 and 26 October 2023. **4.4.3 Individual Patient Funding Request (IPFR) Panel** The JC noted the Chair's report from the meeting held on 19 October 2023. Members noted that a successful candidate had been appointed to take on the role of the All-Wales IPFR Panel Chair, Mrs Elizabeth Kathleen Abderrahim will take up her role from 1 November 2023 for a period of up to 3 years.

	4.4.4 Integrated Governance Committee (IGC) The JC noted the Chair's report from the meeting held on 25 October 2023. **4.4.5 Quality & Patient Safety Committee (QPSC)** The JC noted the Chair's report from the meeting held on 23 October 2023 and the summary of services in escalation that was attached as an appendix. **4.4.6 Welsh Kidney Network** The JC noted the Chair's report from the meeting held on 3 October 2023. The Joint Committee resolved to: • **Note** the reports.
JC23/156	**5.1 Any Other Business** No additional items of business were raised.
JC23/157	**5.2 Date of Next Meeting (Scheduled)** The Joint Committee noted that the next scheduled meeting would be held on 16 January 2023. The meeting closed at 16:06 hrs.
JC23/158	**5.3 In Committee Resolution** The Joint Committee is recommended to make the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".

Chair's Signature: .....

Date:.....

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

JOINT COMMITTEE MEETING
30 January 2023 Action Log

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
18 July 2023					
JC23/008	**JC23/109 Reports from the Joint Sub-Committees** • **Individual Patient Funding Request (IPFR) Panel** The JC noted the Chair's report from the meeting held on 15 June 2023. The report highlighted issues in achieving quoracy. **ACTION:** A chairs reminder around quoracy to be issued.	KE	November 2023	**25.08.2023 -** Actioned deferred as a new member has been appointed from Powys and attendance from other HBs improved in August. This will be kept under close review. **07.11.2023 -** A New IPFR Chair has been appointed and the Policy and ToR are on the JC Agenda for November 2023. The number of HBs required for quoracy will be reduced from 5 to 4. **Action completed.**	**CLOSED**
19 September 2023					
JC23/009	**JC23/122 South Wales Sexual Assault Referral Centres (SARC) Regional Model Implementation Briefing Paper** **ACTION:** SH to draft a report to submit to Health Boards (HBs) to approve the updated South Wales Sexual Assault Referral Centres	SH	January 2024	**19.12.2023 –** An update was received from the NCCU confirming that this has been actioned. **Action completed.**	**CLOSED**

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
	(SARC) Regionalisation Programme model.				
	ACTION: SH to draft a separate briefing to HBs summarising and clarifying the financial arrangements for Phase 1.	SH	January 2024	**19.12.2023 –** An update was received from the NCCU confirming that this has been actioned. **Action completed.**	**CLOSED**
JC23/010	**JC23/125 - Revision to Financial Delegated Limits** A query on the large numbers of IPFR approval in 2022-2023 below £50k was raised and further analysis was requested. **ACTION:** JL to share additional detail of IPFR approvals for 2022-23 under £50k with the Joint Committee.	JL	January 2024	**07.11.2023 –** This is currently in progress and the information will be circulated outside of the November 2023 JC meeting.	**OPEN**
JC23/011	**JC23/130 - South Wales Trauma Network Delivery Assurance Group Report (Q1)** **ACTION:** Additional detail around evaluation, mortality information and outcomes to be included in future reporting.	NJ	January 2024	**07.11.2023 –** WHSSC met with the Network Manager of the MTN DAG and requested the additional detail around evaluation, mortality information and outcomes. The next update to JC will be in January 2024. **15.01.2024 –** This is on the agenda – Item 4.3.	**OPEN**

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
21 November 2023					
JC23/012	**JC23/143 – Financial Savings Update** **ACTION**: The presentation slides on the financial savings update to be shared with all members via email.	JL	December 2023	**22.11.2023** - The slides were circulated on 22 November 2023. **Action completed.**	**CLOSED**

GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

Integrated Commissioning Plan 2024/25

Joint Committee 30 January 2024

Strategic Approach

Our Vision What is our goal?	**'Improving Patient Outcomes through Expert National Commissioning'**				
Our Mission What will we do to achieve our goal?	We seek to ensure the delivery of high quality, sustainable healthcare services for the people of Wales which are responsive to change, accessible, and maximise value and outcomes within available resources				
Our Values What matters to us?	**RESPECT** We will listen to everyone's view We will treat people fairly We will recognise everyone's contribution		**PARTNERSHIP** We will work as a team We will communicate effectively We will build strong and inclusive relationships We will be positive role models		**IMPROVEMENT & INNOVATION** We will continuously learn We will strive for excellence We will accept challenge and opportunity
Our Strategic Aims What do we want to achieve?	1. To ensure the provision of safe, high-quality services for the people of Wales	2. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change	3. To provide an expert approach to national healthcare commissioning	4. To be an effective partner, supporting service and system transformation	5. To maximise value and outcomes within available resources

WHSSC ICP Approach 2024/25

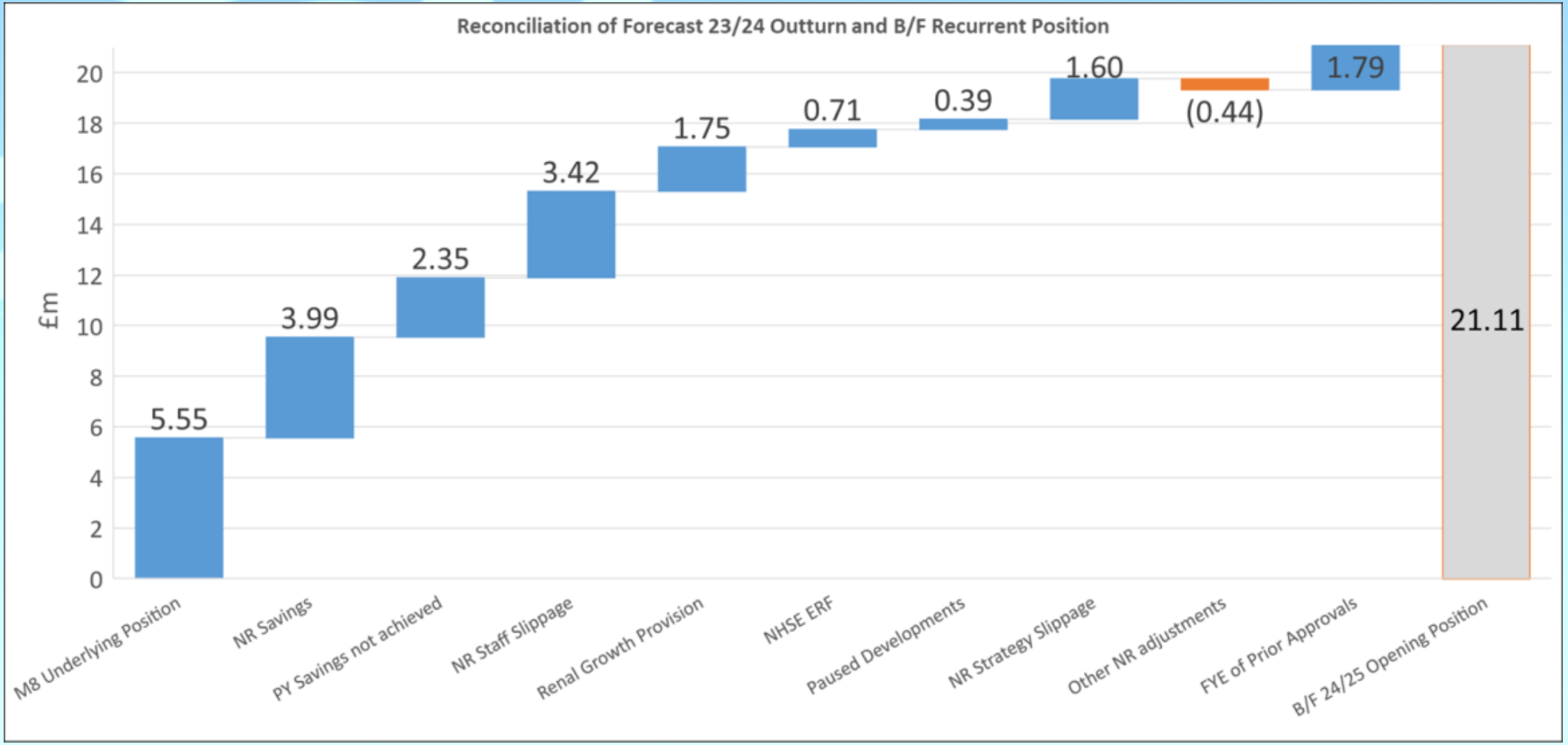
- ICP describes our transformational & strategic commissioning activities ('getting into the £800m') and deliverables for 2024/25 including:
  - Specialised **Paediatric** Services Strategy (approved 22/23)
  - Specialised **Mental Health** Services Strategy (To be presented to JC in Jan '24)
  - Specialised **Rehabilitation** Strategy (To be presented to JC in Q1 2024/5)
  - Specialised **Haematology** Service review (inc. AWLP) implementation underway
  - Specialised **Cardiac** Services Review Phase 1 (To be presented to JC Jan '24)
  - Phase 2 **Neonatal** Services review (scoping underway)
  - Recommissioning a range of services across all portfolio

- Based on core strategic commissioning principles in Specialised Services Strategy
- Utilising risk share arrangements and contractual levers to maximise efficiency, productivity and value-based healthcare
- Planning Framework and Allocation letters now received. Informal feedback from WG – content with the approach
- Highly engaged approach, most recently through Management Group workshop on 18th January

ICP 2024/25 Financial Planning

	Aneurin Bevan UHB £m	Betsi Cadwaladr UHB £m	Cardiff & Vale UHB £m	Cwm Taf Morgannwg UHB £m	Hywel Dda UHB £m	Powys THB £m	Swansea Bay UHB £m	2024-25 Total Requirement £m	
2024-25 Opening Income (M8)	152.401	167.567	138.495	115.953	90.747	33.107	100.390	798.660	
M8 23-24 Outturn Forecast	(1.294)	(1.672)	(2.609)	(1.771)	(1.385)	(0.217)	(0.773)	(9.722)	-1.22%
Reinstate Non-Recurrent Writebacks	2.832	3.150	2.252	2.030	2.005	0.896	2.107	15.274	1.91%
Adjustments for Non Recurrent Performance	2.619	4.374	3.056	1.692	0.882	0.396	0.742	13.761	1.72%
Full Year Effect of Prior Commitments	0.356	0.179	0.366	0.243	0.238	0.065	0.351	1.799	0.23%
B/F Recurrent Position	4.514	6.031	3.065	2.193	1.742	1.140	2.426	21.112	2.64%
Unavoidable New Growth & Cost Pressures	1.053	1.878	0.978	0.812	0.706	0.225	0.698	6.350	0.80%
NICE Growth	0.375	0.446	0.317	0.284	0.246	0.084	0.248	2.000	0.25%
Savings & Re-Commissioning Schemes	(1.599)	(3.061)	(1.810)	(1.201)	(0.883)	(0.447)	(0.999)	(10.000)	-1.25%
CIAG & Prioritisation Schemes	0.186	0.023	0.152	0.135	0.110	0.020	0.125	0.751	0.09%
Strategic Priorities - SW Thrombectomy	0.406	0.000	0.332	0.276	0.269	0.047	0.295	1.625	0.20%
B/F Position, Growth, Savings & Developments	4.935	5.316	3.034	2.499	2.190	1.069	2.794	21.838	2.73%
% Uplift Required before allocation inflation	3.24%	3.17%	2.19%	2.16%	2.41%	3.23%	2.78%	2.73%	

B/F Recurrent Position 2024/25



Unavoidable Growth & New Cost Pressures - £8.35m

Unavoidable Growth & Cost Pressures	2024/25 £m
PET Scan volume & new indications	1.100
IPC High Cost Drugs growth	1.000
Clinical Immunology	0.750
Haemophilia - Blood products	0.750
PICU & HDU Reconfiguration	0.600
North West England Volume Growth	1.000
Dialysis Growth & ISP Inflation	1.150
New NICE Mandated Drugs	2.000
Total Unavoidable Growth	**8.350**

Low growth plan (1.05%) with new pressures mitigated by savings & efficiency targets

Mitigating Savings – Target (£10m)

Re-Commissioning & Savings	2024/25 £m
Cardiac Surgery re-alignment South Wales	(1.500)
Mental Health Strategy - Reduce OOA & LOS	(1.000)
24/25 Medicines Management	(2.000)
BCU Cardiac contract Rebasing	(0.700)
Cystic Fibrosis - New contract model S Wales	(0.550)
Cystic Fibrosis - New contract model N Wales	(0.150)
Genetics - Repatriate send out tests phase 2	(0.100)
NHS E Referral Management	(1.000)
Additional schemes to be worked through	(3.000)
Total Re-Commissioning and Disinvestment Savings	**(10.000)**

£10m savings target = 3% savings on £330m of influenceable / accessible cost base across Drugs & Devices, Independent Sector & NHS England referrals.
Recognise fixed cost base of NHS Wales Specialised providers and lead times required for any re-configuration.

Enhanced Risk Assessment

All schemes from CIAG and uncommitted expenditure from previous Plans - prioritised based on QIA - included based on Safety scores against STEEEP framework

SCHEME	HIGHEST SCORE	TOTAL SCORE
The Neurosurgery service located at the Cardiff and Vale UHB meets national standards to deliver a sustainable Neurosurgery Service.	25 (safety)	122
Impact of not releasing the funding to for the formal commissioning of High Dependency services linked to tertiary care, and what this means for the population of South Wales who would access this service.	20 (safe and timely)	104
Neuropsychiatry Phase 2	16 (effective, safe, timely & staffing)	89
Impact of not supporting the ***Major Trauma Centre (MTC) combined service proposal*** CIAG submission, comprising funding for a range of MTC developments	20 (safe)	74
Impact of not releasing the funding to for the formal commissioning of Paediatric Orthopaedic Surgery and what this means for the population of South Wales who would access this service.	12 (all with exception timely + effective – 9)	66
Impact of not releasing the funding to establish the new Neonatal Transport Operational Delivery Network (to be reviewed within Phase 2 Neonatal Strategic Planning)	20 (safety)	65

Summary of Prioritisation

CIAG:

CIAG Mean Score	Clinical Impact Assessment	2024/25 £m	2025/26 £m
30.40	Acute Neurosurgery	0.163	0.650
29.38	MTN-Combined	0.488	1.950
28.65	SWAN		
28.12	Therapy-WIMaOS		
28.05	Renal-Psychology		
28.00	Intestinal failure-N Wales		
27.88	Physiotherapy-Plastic Surgery		
27.85	Inherited Anaemias-SW		
27.67	MTN-Older People		
	Total	**0.650**	**2.600**

Horizon scan/New Interventions:

Score	New Prioritisation	2024/25 £m	2025/26 £m
32.91	Rituximab for acute TTP	0.016	0.063
32.87	Imiglucerase (Cerezyme®)	0.066	0.264
32.83	Active Middle Ear Implants	0.019	0.077
	Total	**0.101**	**0.404**

Strategic Priority:

- South Wales Thrombectomy Service - £1.6m PYE

Risk Assessed from Previous Plans:

- Paeds HDU
- Paeds Orthopaedics
- Neuropsychiatry Phase 2
- Neonatal ODN monies (to be considered within Neonatal Phase 2 work)

Included in Plan - 0.29%

ALL OTHER SCHEMES ARE STOPPED

Risk Management In Year

- Early indication NHSE system funding specialised provider top ups – to be monitored in year
- Commissioning risks in Welsh providers – due to minimal investment will need to be managed with providers within commissioning budgets unless the scale/complexity requires a JCC decision
- Commissioning policy opportunities will be scoped and worked up further in year (initial scoping no cash releasing savings in 24/25)
- Paeds Surgery – maintain and improve on 52-week wait - in Plan
- Fertility – cryopreservation for pre-pubertal children not in Plan (to be reviewed in year)

Final Financial Plan

	Aneurin Bevan UHB £m	Betsi Cadwaladr UHB £m	Cardiff & Vale UHB £m	Cwm Taf Morgannwg UHB £m	Hywel Dda UHB £m	Powys THB £m	Swansea Bay UHB £m	2024-25 Total Requirement £m
2024-25 Opening Income (M8)	152.401	167.567	138.495	115.953	90.747	33.107	100.390	798.660
B/F Recurrent Position	4.514	6.031	3.065	2.193	1.742	1.140	2.426	21.112
Growth, Savings & Developments	0.421	(0.714)	(0.031)	0.306	0.448	(0.071)	0.368	0.726
NHS Providers - Pass Through Allocation Inflation	4.875	5.746	4.323	3.712	2.844	1.015	3.198	25.712
ICP Investment 2024-25	9.810	11.062	7.357	6.211	5.034	2.084	5.992	47.550
Total WHSSC Funding 2024-25	162.210	178.629	145.852	122.163	95.781	35.191	106.383	846.210
% Uplift Required	**6.44%**	**6.60%**	**5.31%**	**5.36%**	**5.55%**	**6.30%**	**5.97%**	**5.95%**
% Uplift Required before allocation inflation	**3.24%**	**3.17%**	**2.19%**	**2.16%**	**2.41%**	**3.23%**	**2.78%**	**2.73%**

Summary

- Plan includes extensive work programme of strategic commissioning to improve value, outcomes and transformation within core resources
- Minimal investment plan – robust prioritisation based on evidence and quality assessment
- Plan based on a balanced assessment of risk, pressures and savings opportunities.

Recommendation for Approval of the ICP

- HBs required to agree a Plan through the Joint Committee for specialised services in line with the NHS Wales Planning Framework and with HB Commissioner Plans for submission to Welsh Government
- AO letters to be sent by 16th February
- Recommend the pass through of the Allocation Letter inflation funding for specialised services according to historical precedent
- Recommend the approval of the Plan, predicated on sustainability, unavoidable demand and core cost inflationary pressures, recognising the risks and opportunities.

Report Title	**Integrated Commissioning Plan (ICP) 2024 – 2025**	**Agenda Item**	2.1
Meeting Title	**Joint Committee**	**Meeting Date**	30/01/2024
FOI Status	Open/Public		
Author (Job title)	Assistant Director of Planning		
Executive Lead (Job title)	Director of Planning and Performance		

Purpose of the Report	The purpose of this report is to present the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.				
Specific Action Required	RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☐	INFORM ☐

Recommendation(s):

Members of Joint Committee are recommended to:

- **Note** the report; and
- **Receive** and **approve** the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government.

INTEGRATED COMMISSIONING PLAN (ICP) 2024-2025

1.0 SITUATION

The purpose of this report is to present the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

2.0 BACKGROUND

WHSSC is required to develop an ICP for specialised services on behalf of Health Boards (HBs) that must be agreed by the Joint Committee and align with the NHS Wales Planning Framework and Commissioner Integrated Medium Term Plans (IMTPs). The Plan has been developed within the context of the difficult financial environment and the transition to the new NHS Wales Joint Commissioning Committee (JCC). The new Committee will need to develop its strategic vision and undertake further work on the opportunities of bringing the national commissioning functions together early in its formation. This ICP is an important part of the legacy statement for WHSSC and its delivery will be monitored through the new JCC structures.

The NHS Wales Planning Framework was received on the 18th December 2023. The requirements include a need for HBs to send an Accountable Officer letter on the status of their plan by the 19th February and all plans to be submitted to Welsh Government by 29th March 2024. In the current financial context the Framework places a strong emphasis on the themes of the Value and Sustainability Board and the Duty of Quality. These have been reflected in WHSSC's planning throughout the ICP development cycle and the ICP 2024-2025 includes our strategic commissioning approach to quality, value and efficiency. A prudent, prioritised approach has been taken to the balance of developments and risk management in the Plan, underpinned by a structured Quality Impact Assessment.

3.0 ASSESSMENT

3.1 Governance and decision making

WHSSC has once again followed its well established annual cycle to develop the ICP, with an enhanced risk assessment process also developed to respond to the difficult choices required due to the financial context. The key governance touchpoints were as follows:

DATE	ACTION
May 2023	Commissioning intentions issued
10 July 23	Response to Commissioning intentions

DATE	ACTION
10 July 23	Horizon scanning/prioritisation day
10 August 23	Clinical Impact Assessment Group (CIAG) Day
August 23	First cut of the risk assessment of uncommitted expenditure (10/20/30)
02 October 23	First draft to the Corporate Directors Groups Board (CDGB)
26 October 23	First draft to the Management Group
21 November 23	First draft to the Joint Committee
Nov-Dec 23	An enhanced risk assessment and Quality Impact Assessment process
12 December 23	Management Group Workshop
14 December 23	Joint Committee Workshop
18 January 24	Management Group Workshop (detailed finance discussions)
30 January 24	Plan to Joint Committee for approval

3.2 The Plan

The 2024-2025 ICP is attached at ***Appendix 1***.

In recognition of the austere financial context within which the plan has been developed, there is a heavy emphasis upon value, recommissioning and efficiency within this ICP. An enhanced risk assessment and Quality Impact Assessment process has also been undertaken on services which were identified as in need of investment through the CIAG system, as well as uncommitted expenditure schemes from previous Plans. These have informed the final choices on the balance of investment and risk management in the final Plan.

The Plan includes sections as follows:

- National context
- Planning and commissioning context
- Financial context
- WHSSC Specialist Services Strategy
- How the plan has been developed (including detail on CIAG/Horizon scanning and triangulated risk assessment)
- Performance of specialist services commissioning (as context for the priorities that will follow)
- Commissioning priorities (including strategic priorities)
  - Cancer and blood (context and GMOs)
  - Cardiac (context and GMOs)
  - Mental Health (context and GMOs)
  - Neurosciences (context and GMOs)
  - Vulnerable Groups (context and GMOs)
  - Women and Children (context and GMOs)
  - Commissioning/commissioned networks (context and GMOs)
- The financial plan
- The Governance of the plan
- An emphasis on quality and patient safety
- Towards new National Commissioning arrangements

As required in the Planning Framework the Plan includes a number of appendices including detailed information on:

- List of acronyms
- 2023-2024 achievements
- Ministerial priorities
- Summary of risk assessment
- Detailed financial plans
- Minimum data set

3.3 Financing the Plan

Table 1: The summary of the financial plan.

	Aneurin Bevan UHB £m	Betsi Cadwaladr UHB £m	Cardiff & Vale UHB £m	Cwm Taf Morgannwg UHB £m	Hywel Dda UHB £m	Powys THB £m	Swansea Bay UHB £m	2024-25 Total Requirement £m
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% Uplift Required before allocation inflation	**3.24%**	**3.17%**	**2.19%**	**2.16%**	**2.41%**	**3.23%**	**2.78%**	**2.73%**

4.0 RECOMMENDATIONS

Members of Joint Committee are recommended to:

- **Note** the report; and
- **Receive** and **approve** the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	The development of the Integrated Commissioning Plan is a requirement contained within the NHS Planning framework
Link to Integrated Commissioning Plan	This report presents the Integrated Commissioning Plan
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed Care for Those with the greatest health need first Reduce inappropriate variation
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement The health and social care workforce is motivated and sustainable Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome
Organisational Implications	
Quality, Safety & Patient Experience	The ICP has quality, safety and patient experience at its core
Finance/Resource Implications	There are financial implications related to the realisation of the ICP which will be outlined in the final report
Population Health	The ICP responds to the tertiary needs of the welsh population and seeks to outline priority areas for commissioning to meet those needs
Legal Implications (including equality & diversity, socio economic duty etc)	The ICP has been developed with regard the relevant legislative requirements, including considerations of those with protected characteristics
Long Term Implications (incl WBFG Act 2015)	The ICP has been developed with long term implications in mind. I.e. many of the investment areas identified within the plan relate to sustainability
Report History (Meeting/Date/ Summary of Outcome	As outlined within the paper
Appendices	Appendix 1 – Integrated Commissioning Plan 2024-2025

WELSH HEALTH SPECIALISED SERVICES COMMITTEE

INTEGRATED COMMISSIONING PLAN 2024/2025

GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

FOREWORD

We are delighted to present the Specialised Services Integrated Commissioning Plan 2024/25 setting out how we will continue to commission high quality specialised services on behalf of the 7 Health Boards in Wales, and for the Welsh population. It is our final plan as the Welsh Health Specialised Services Committee (WHSSC), as, from 1st April 2024, we will become part of the new national commissioning arrangements in NHS Wales. We embrace this opportunity to strengthen all-Wales commissioning and will continue to work towards:

- Improving quality, outcomes and reducing inequalities
- Adding further value to the NHS system in Wales
- Strengthening and streamlining of commissioning functions, and associated decision making
- Building on evidence of good practice
- Supporting the development of commissioning expertise within the NHS in Wales
- Maximising national commissioning capacity and capabilities
- Ensuring minimal disruption to the system.

Dr Sian Lewis
Managing Director

As a strategic commissioning organisation, we have continued to develop our commissioning approach to support the system to meet the needs of Welsh patients for specialised services and are guided in this by the recently published Specialised Services Commissioning Strategy. The context within which the ICP has been developed this year is one of financial constraint and the need for significant savings requirements. However even within this context, our approach to the plan is no less ambitious, seeking to ensure it acts as a tool for strategic change, sustainability, value and delivery. We will continue to ensure we maximise value in our core resources and enable clear return on investment, ensuring the most effective use of public money. We also aim to support decarbonisation and the foundational economy, as well as promoting equity of service provision in our relationships with providers in Wales as well as NHS England.

As always we are grateful to Joint Committee and Management Group members for overseeing the development of the plan, bringing ideas, and providing scrutiny throughout its development to both commissioning and provider Health Boards. As we move to the new Joint Commissioning Committee we would also like to thank our expert staff who work tirelessly to plan, secure and monitor specialised services for the people of Wales. We look forward to working together with our new colleagues in EASC and the NCCU as we continue to seek opportunities for improving value and quality going forward.

Kate2Eden
Chair

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1. PURPOSE AND INTRODUCTION

Working on behalf of the 7 Welsh Health Boards, WHSSC has the delegated responsibility to commission high quality specialised services for the Welsh population from providers that have the appropriate experience and expertise; are able to provide a robust, safe, high quality and sustainable services and are cost effective for NHS Wales.

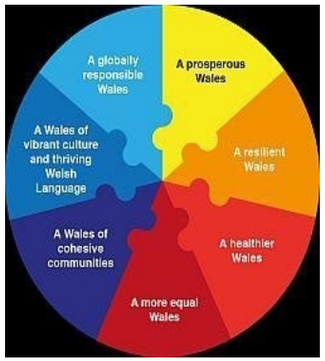
Each year Welsh Government (WG) issues the 'NHS Wales Planning Framework' that requires Health Boards to develop and deliver Integrated Medium Term Plans (IMTPs) which triangulate service, finance and workforce. Within this Framework, as a national supporting organisation, WHSSC is required to "develop an Integrated Commissioning Plan on behalf of health boards that must be agreed by Joint Committee and align with the Planning Framework and Commissioner IMTPs". Delivery against the 2023/2024 plan is outlined in Appendix B.

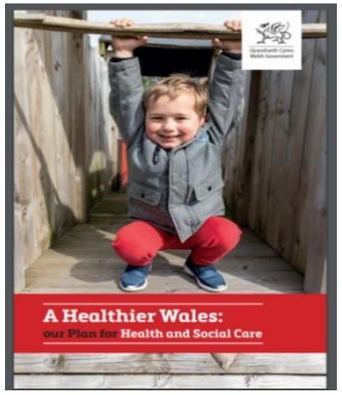
We have responsibility for commissioning over £752 million of specialised services for the Welsh population and to maximise the value from investing these resources. Our Operating Model includes functional directorates (patient care, medical, planning, finance and corporate services) which integrate through 6 multi-disciplinary programme Commissioning Teams, for Cancer and Blood; Cardiac; Neurosciences; Mental Health and Vulnerable Groups; Women and Children and Intestinal Failure. WHSSC also hosts the Welsh Kidney Network and Traumatic Stress Wales, commissions a number of Operational Delivery Networks and has been designated as the commissioner of all Advanced Therapy Medicinal Products (ATMPs) for the Welsh population. We also have a team in North Wales to manage the complex commissioning interfaces for the North Wales population.

In 2023 the Joint Committee agreed the Specialised Services Strategy and this Plan is designed within the framework of delivering its Aims and objectives. The financial context within NHS Wales means that intelligent, robust, strategic commissioning is more important now than ever, as such our overarching Vision of **'Improving Patient Outcomes through Expert National Commissioning'** features even more strongly in this year's Plan through the delivery of our Five Strategic Aims:

Our Strategic Aims What do we want to achieve?	1. To ensure the provision of safe, high-quality services for the people of Wales	2. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change	3. To provide an expert approach to national healthcare commissioning	4. To be an effective partner, supporting service and system transformation	5. To maximise value and outcomes within available resources

2. NATIONAL STRATEGIC CONTEXT





The Well-being of Future Generations (Wales) Act 2015 set in law the need to consider the long-term strategic approach to deliver a better future. This was underpinned by 'A Healthier Wales', and which remains the vision and long-term plan for health and social care in Wales. The period of this plan will see a number of developments within NHS Wales which will influence plans next year, these include:

- The Ministers requested Accountability Review
- The review of A Healthier Wales actions;
- The emergence of the new NHS Wales Joint Commissioning Committee;
- The continued work of the WG Value and Sustainability Board, and phase two of the NHS Executive being implemented.

The National context remains challenging as a result of the legacy from the Covid19 pandemic and Brexit, the challenging financial outlook and the wider system pressures on workforce and the cost-of-living position. Given the unprecedented challenges, operational, workforce, demand and financial pressures, it is crucial that all system resources are optimised to deliver the best care and treatment for the people of Wales.

Taking a forward look, the recent Senedd debate on the Chief Scientific Adviser's report 'The NHS in 10+ years' recognises the pressures the system will face as almost a fifth of the Welsh population will be aged 70 or above, those with diabetes could rise by almost 22% and the number of people suffering four or more chronic conditions could double. These projections will have significant implications for the planning, commissioning and delivery of specialised services, which have many of the same demographic and demand drivers as all other health services.

Together the key messages contained within these documents reinforce the strategic WHSSC ICP approach of quality, value, recommissioning, efficiency and prudent use of resources.

3. THE CONTEXT FOR SPECIALISED SERVICES COMMISSIONING

The Welsh Health Specialised Services Committee (WHSSC) was established in 2010 as a Joint Committee of each local health board in Wales, established under the WHSSC (Wales) Directions 2009 (2009/35). The remit of the Joint Committee is to enable the seven health boards in Wales to make collective decisions on the review, planning, procurement, and performance monitoring of agreed specialised and tertiary services.

WHSSC has an overall annual budget of over £752 million with the financial contributions determined by population need. Typically, WHSSC spends two thirds of its budget within NHS Wales and one third within NHS England, the landscape of NHSE is pivotal in the provision of specialised services for the population of Wales.

On a day-to-day basis, the Joint Committee delegates operational responsibility for commissioning to WHSSC through a management team supported by six multidisciplinary commissioning teams. WHSSC also hosts the Welsh Kidney Network and Traumatic Stress Wales, as well as commissioning a number of Operational Delivery Networks (ODNs). Appendix 2 outlines the services that WHSSC is currently responsible for commissioning. Not all specialised services, as defined in the NHS England Prescribed Services Manual, have been delegated to WHSSC and some remain the commissioning responsibility of Health Boards.

Whilst some specialised services have a high unit cost as a result of the nature of the treatments involved and are provided to a smaller number of patients compared to routine services and treatments, other services we commission are higher volume or more ubiquitous within their pathways of care (for example plastics and mental health services). Specialised services cover conditions such as rare cancers, genetic disorders, secure and complex mental health and highly specialist medical and surgical disorders. The particular features of specialised services, such as the relatively small number of centres at which they are provided and the unpredictable nature of activity, require robust planning and assurance arrangements to be in place to make the best use of scarce resources and to reduce risk.

In July 2022 NHS England was reconfigured into 42 Integrated Care Systems (ICSs), with the delegation of direct commissioning functions from 2023. Within the ICSs, the Integrated Care Boards (ICBs) have responsibility for the commissioning of certain specialised services for their population and this has the potential to impact on service provision for Welsh patients. NHS providers in England have different performance measures for English residents. This may influence local decision making and led to providers potentially serving notice to WHSSC for the provision of services. Providers may come under increasing pressure as ICBs prioritise providing services for the local population in order to deliver their own performance targets. AS commissioners of specialised services for the Welsh population we will continue to monitor this closely and escalate any issues as appropriate.

3.1 PLANNING CONTEXT

As commissioner of specialised services we remain ambitious about our role in supporting the agenda set out in A Healthier Wales (2018) that describes a whole system approach to health and social care. Putting quality and safety above all else is the first NHS Wales core value, and this is clearly reinforced in our Specialised Services Strategy. This focus has been strengthened more recently through the Health and Social Care (Quality and Engagement) (Wales) Act (2020), the National Clinical Framework for Wales (2021) and the Quality and Safety Framework (2021), including the Duty of Quality. Collectively these set out an aspiration for quality-led health and care services, underpinned by prudent healthcare principles, value-based healthcare and the quadruple aim. There are also a number of core principles aligned with 'Prosperity for All' that cut through this plan; such as a strong commitment to carbon zero, employment and sustainability, the foundational economy, equity and the socio-economic duty and the well-being of future generations. There have been changes to the NHS landscape in the past year, with the creation of the NHS Executive, and the alignment of National Clinical Frameworks, as well as the creation of Integrated Care Systems in NHS England. All of which are material to the delivery of Welsh Ministerial Priorities and the requirements of the NHS Wales Planning Framework for the delivery of value based specialist services. Our plans to deliver the Ministerial Priorities are attached at Appendix C.

There is strong commitment within NHS Wales to regional planning and Health Boards are working regionally through a variety of programmes and collaborative arrangements to plan, deliver and secure regional solutions to stroke, ophthalmology and orthopaedics. There is also a growing interest in regional commissioning in order to enhance services for the Welsh population, both by means of more prudent use of NHS resources, and to aid a recovering system of planned and emergency care. This approach will be enhanced through the formation of the new Joint Commissioning Committee. The clinical pathways into specialised services from secondary care have an impact on access to specialised care and in some instances, where there are gaps in primary or secondary care this can be seen in the referrals into specialised care. WHSSC also has a track record of working across Health Boards to enable responses to specialised services need, for example by commissioning the Major Trauma Network and Spinal operational Delivery network in South Wales, and will continue to work alongside Health Boards through regional planning arrangements to maximize the impact for sustainable specialist service provision.

3.1 PLANNING CONTEXT

Whilst WHSSC is responsible for the planning of specialised services for the whole population of Wales, the context for planning and delivering specialist for the population of North Wales requires a unique set of considerations. With a significant reliance on NHSE providing not only specialised services but also non-specialised services for the population, and a complex commission environment. Outreach into NHS Wales localities to enable to ensure sustainable and accessible services home required close working between WHSSC, Betsi Cadwalladr University Health Board (BCUHB) and NHSE providers. For this reason we have a North Wales office and our Strategy confirmed that this remains an important part of our Operating Model.

Similarly the complex boundary flows into NHS England and a variety of NHS Wales Health Boards for Powys residents needs careful consideration within the context of a complex planning and commissioning system which spans commissioning and provider arrangements in both NHS England and NHS Wales.

The NHS Wales Planning Framework was issued on 18th December 2023, via 2 letters, the first from the Minster for Health and Social Care and the second from the Director General of NHS Wales. The letters reconfirm the priority areas of :

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care.
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.
- Planned Care and Cancer, with a focus on reducing the longest waits.
- Mental Health, including CAMHS, with a focus on delivery of the national programme.

As required, this Plan responds to the requirements of the Planning Framework as they relate to the commissioning of specialised services. The Plan contains clarity on the milestones, goals, methods and actions that will be delivered in 2024/25 in the context of the Specialised Services Strategy and demonstrates the robust prioritisation, risk assessment and choices that have been undertaken during the planning process in conjunction with the Health Boards.

3.2 FINANCIAL CONTEXT

The financial context within NHS Wales at the current time presents significant challenge and risk to the commissioning and further development of specialised services for the Welsh population.

Health Boards have a responsibility to commission and deliver health services for their local populations; as previously described the specialised services component of this responsibility is formally delegated to WHSSC. The funding approach to specialised services commissioning is based on a population risk share approach. Given the financial position of all Health Boards across Wales, there is a highly prioritised, and low element of funding available for further investment in specialised services for the period of this plan.

Within the 2023/2024 plan, a £9m savings target was assumed, in addition to this Chief Executives across NHS Wales requested a further 1% saving of the WHSSC budget which equated to a further £7.6m (to be realised across Health Boards and WHSSC in pathways that result in specialised service provision). Furthermore, WHSSC made proposals with regard the system wide savings requested across the NHS and as such, this plan commences from a significantly challenging financial position, requiring intelligent commissioning and risk management at pace to sustain existing services, with added emphasis on quality, value, recommissioning and redesign. As a national commissioning team with established approaches and expertise, WHSSC has long had a focus on value and recommissioning through the way it conducts its commissioning activities. The agreement of the Specialised Services Strategy and the current financial context has strengthened this approach to ensure all opportunities for gaining maximum impact for investment in specialised services are identified, explored and delivered.

For 2023/24 we established a Recommissioning and Efficiency Board, with membership from across WHSSC and the 7 Health Boards in Wales to deliver the in-year pathway savings. The Board identified areas for focus and savings through the following areas.

Investment reviews	Have there been investments committed to that have been unable to progress, and if so could that allocation now be released
Benchmarking	Where are there opportunities for efficiencies based on how we benchmark with 'best in class'
GRFT	Learning from the Getting it right First Time/Model Hospital work (over 40 reports) – What can we apply?
Out-patients modernisation opportunities	Can we apply any efficiencies as a result of out-patient modernisations eg PIFU, SOS

The approach has identified efficiency and recommissioning opportunities which are cash releasing; avoid further/accelerating costs (cost avoidance); will be pursued to deliver in year to achieve planned savings i.e. the £9m of savings assumed in the 23/24 plan; the £7.6m agreed with Chief Executives when signing off the 23/24 ICP, and system wide savings requested by Welsh Government. A summary of the savings schemes is outlined in Appendix C and further outlined in the financial section of the plan.

3.2 FINANCIAL CONTEXT

Since transitioning out of the pandemic two years ago and the ongoing national economic climate, NHS Wales continues to operate and deliver services within a challenging financial environment. Throughout this time, specialist services commissioning has offered Health Boards, system opportunities in the management of demand and growth risk whilst sustaining and maintaining equitable access to commissioned services for the Welsh population. In doing so, WHSSC, on behalf of Health Boards and with support of Welsh Government, has provided patients with advancing specialist treatments, access to new technologies and drug therapies keeping patients outcomes, benefits and needs at the heart of our commissioning work programme.

The funding approach to specialised services remains consistent with previous years through the All Wales risk share approach that continues to support financial delivery of the commissioning portfolio as an extension of the Health Boards whom have a responsibility to commission and deliver health services for their local populations. The NHS Wales financial framework for 2024/25 prioritises sustainability, unavoidable demand and inflationary pressures, and it is in that context, this financial plan has been developed.

The nature of specialised services in some services is that new technologies and drug improvements are costly as the economies of scale for the small patient numbers, are low. For 2024/25, WHSSC has limited investment funds available to develop all advances that present and therefore, a prioritisation methodology has been undertaken with Health Boards to assess the required financial provision based on the duty of quality and safety requirements to meet patient need.

Within the 2024/2025 planning process, WHSSC has robustly reviewed the recurrent position and assessed the ongoing demand pressures within the financial baseline. This has taken into account an assessment of choices the Joint Committee has made over the previous three planning periods and revised the financial impact in the context of ensuring demand and sustainability is well understood. Whilst this Plan recommends a number of those choices are now de-prioritised based on the enhanced risk and quality impact assessment, the recurrent assessment to manage unavoidable demand, inflation and sustainability is presenting a financial pressure for 2024/25 that has been managed through non recurrent efficiencies in previous years.

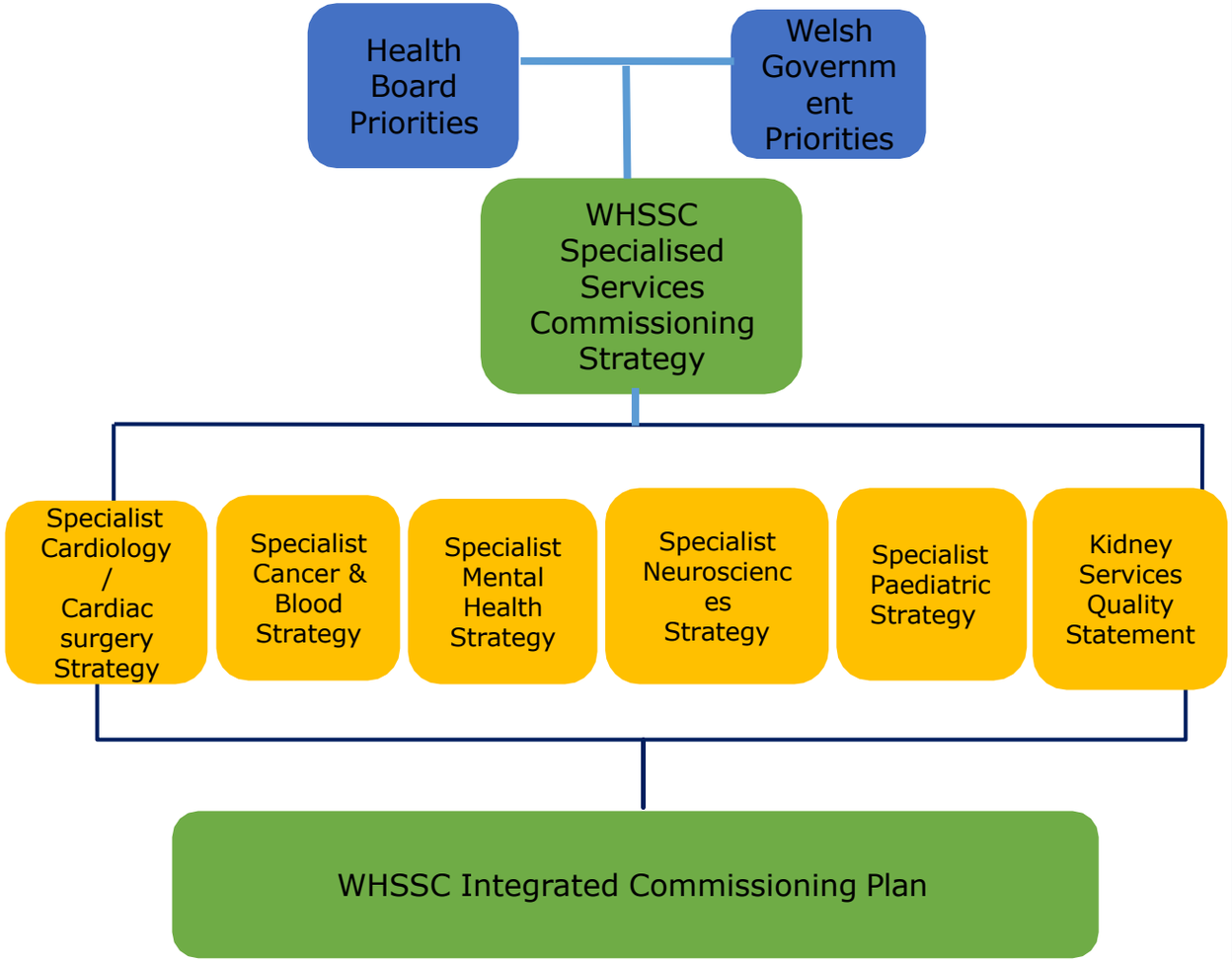
Furthermore, a triangulated assessment has been undertaken to understand as far as possible, our new unavoidable demand growth for 2024/25 in the context of limited system funding available to support expediential growth in specialist services. Our 2024/25 plan aims to mitigate this through a realistic yet ambitious savings target of £10m (similar to the delivered savings in 2023/24). It is crucial that recurrent savings opportunities are delivered as advances in patient care and future national prioritisation of high cost interventions in specialist services will continually be identified to meet complex healthcare requirements.

As such, this Plan commences from a challenging financial position, requiring intelligent commissioning at pace to sustain existing services, and place added emphasis on quality, value and sustainability through recommissioning and redesign. As a national commissioning team with established approaches and expertise, WHSSC has long had a focus on value and recommissioning through the way it conducts its commissioning activities. The current financial context has strengthened this to ensure all opportunities for gaining maximum impact for investment in specialised services are identified, explored and delivered.

4. SPECIALISED SERVICES STRATEGY

The Specialised Services Strategy was published in 2023 and set out the vision of 'Improving Patient Outcomes through Expert National Commissioning' with an ambitious direction of travel for the commissioning of specialised services over the next 10 years. The Strategy includes an overarching emphasis on safe, high-quality service sin line with the Duty of Quality, as well as planning for the long-term to ensure sustainability and accessibility. The Strategy also mirrors some of the aims of the National Commissioning Review, with the provision of expert national commissioning and effective partnership as key Strategic Aims. It also lays out our fundamental approach to recommissioning by maximizing value and outcomes within our core resources.

Over recent years, WHSSC has been developing an enhanced strategic approach to commissioning; developing strategies for each of service portfolios. The diagram opposite demonstrates the relationship between the Specialised Services Strategy, the service strategies and this Plan.



4.1 STRATEGIC AIMS : FRAMEWORK FOR THE PLAN

During 2023, WHSSC published the Specialised Services Strategy. The Five Strategic Aims are set out below, and referenced within the specific actions of the plan, so that it is clear how our commissioning activity contributes to their achievement:

1	**To ensure the provision of safe, high-quality services for the people of Wales**	To do this, we will continue to commission safe, high-quality services by ensuring the STEEEP principles are at the heart of all our work; remain an evidence-based commissioner, securing clinically effective services; promote equitable provision of services and minimise unwarranted variation, ensuring that services are efficient and timely for all patients, seeking to continuously improve patient experience and engagement through our commissioning activities.
2	**To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change**	To do this, we will ensure that services are commissioned on a robust assessment of population health need, strategically commissioning services with the principles of 'Well-being for future generations' in mind. We will commission and maintain sustainable services from designated providers, encouraging innovation and responsiveness in service design and provision through a range of commissioning mechanisms. We will ensure services are as accessible as possible through use of digital opportunities, and encourage robust workforce redesign and provision through intelligent commissioning.
3	**To provide an expert approach to national healthcare commissioning**	To do this, we will be an expert commissioner for services where a national or regional approach is required, acting as a system expert to enhance and develop commissioning capacity and capability for NHS Wales.
4	**To be an effective partner, supporting service and system transformation**	To do this, we will work in partnership with Health Boards to maximise the benefits of national commissioning in NHS Wales, fostering partnerships with NHS England commissioners and providers to improve services for Welsh patients, ensuring a whole system approach to pathway management to reduce unintended consequences.
5	**To maximise value and outcomes within available resources**	To do this, we will maximise the use of core resources by recommissioning services where necessary, focusing on improving strategic, service and patient outcomes whilst achieving the greatest value for money for the Welsh population.

5. HOW THE INTEGRATED COMMISSIONING PLAN IS DEVELOPED

The ICP 2024-25 is a commissioner led, provider informed plan, which seeks to balance the requirements for quality assurance, risk reduction and improvement to health outcomes for the people of Wales within the challenging financial environment. There is a well-developed planning process that includes Health Board engagement in order to develop the Plan, with a number of elements as set out below:

Identification of key strategic priorities	WHSSC is moving towards a more strategic approach to commissioning where 5 year strategies for each of the commissioning portfolios will be developed, leading to clear commissioning intent and 5 year investment profiles. In 202/23 we developed the Paediatrics and Mental Health Strategies, and this Plan includes the development of Neuro-rehabilitation and Cardiac Strategies as well as the overarching Specialised Services Strategy.
Horizon scanning and Adoption of new NICE Guidance	Horizon scanning identifies new interventions and emerging, innovative health technologies which may be suitable for funding; and our robust prioritisation process supports them to be ranked according to a set of pre-determined criteria, including their clinical and cost effectiveness. Following the adoption and publication of NICE guidance, we also include these in the commissioning plan as essential requirements.
Clinically-led Service Prioritisation	A prioritisation process is undertaken to inform which services should receive investment via the ICP process. A clinically-led panel (Clinical Impact Advisory Group) prioritises each scheme against the criterion of patient benefit; severity; burden of disease and potential for decreasing inequity and ranks them for consideration for inclusion in the Plan. A further testing process has been undertaken with HBs this year due to the financial context.
Contracting, assessment of growth and commitments	For services that are currently commissioned by WHSSC through contracts with NHS providers, an assessment for inclusion in the Plan is undertaken based on intelligence from contract negotiations, and understanding of cost pressures, previous planning commitments and projected growth.
Requests for new services and services at risk	New services can be considered through Joint Committee for inclusion in WHSSCs portfolio and into the ICP. This year, the following services are under consideration for commissioning by WHSSC: skin camouflage, Long Term Ventilation (LTV), further specialist haematology, specialist gambling and low secure mental health services, Transjugular Intrahepatic Portosystemic Stent-Shunt (TIPSS), Selective internal radiation therapy (SIRT), and pulmonary hypertension (PH) in SBUHB. Neurophysiology will be part of the remit in this Plan. Complex abdominal reconstructive surgery, primary ciliary dyskinesia and pelvic oncology surgery may come into the remit as well as HPB surgery. Non-specialised plastics commissioning to move to HBs on 1st April 2025. .
Assessment of performance and commissioning risks.	WHSSC works closely with providers through established service level agreement meetings to assess performance and commissioning risks. Areas from these discussions are included in the Plan and specifically referenced in the financial plan. An enhanced risk assessment and Quality Impact Assessment has taken place this year across prioritised developments (CIAG) and uncommitted expenditure from previous Plans to ensure that informed choices are made in this low-investment plan.
Value & re-commissioning Opportunities	WHSSC regularly reviews opportunities for re-commissioning and value to ensure prudent and most effective use of resources, with the best possible clinical outcomes

DEVELOPMENT OF INTEGRATED COMMISSIONING PLAN

5.1 PRIORITISATION PROCESSES AND INVESTMENT DECISIONS

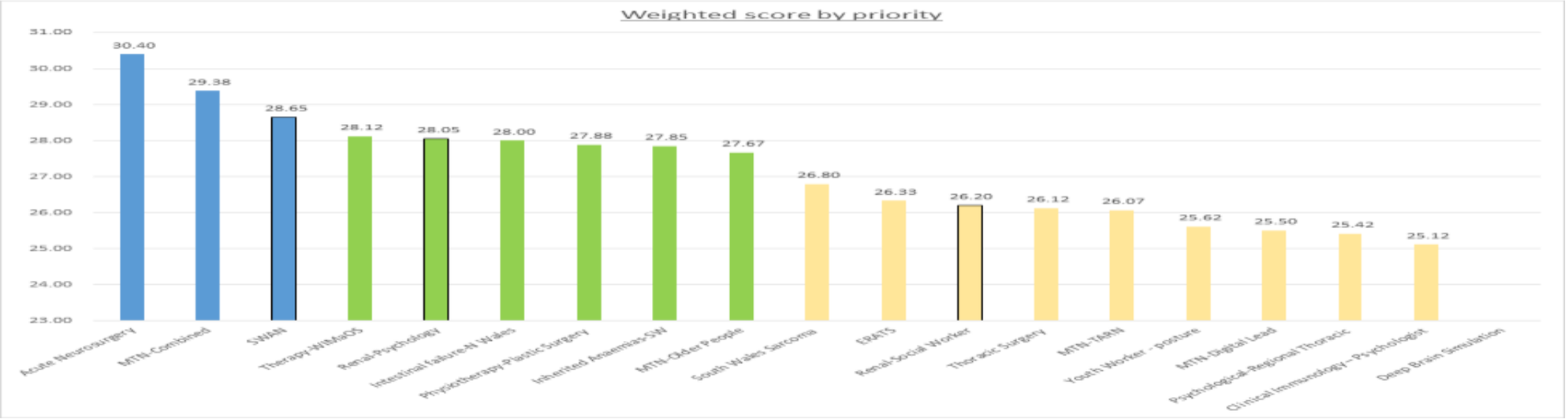
There are a two prioritisation processes that run each year as part of the ICP development. This year we have also undertaken an enhanced risk assessment process using the Quality Impact Assessment tool. Through these processes informed investment choices have been made in the context of the Duty of Quality and the financial environment. The approach and resulting investment choices are outlined over the following pages.

HORIZON SCANNING AND CLINICAL IMPACT/PRIORITISATION

- Each year, WHSSC runs a number of processes, which inform the development of the Integrated Commissioning Plan (ICP). One of these is the Clinical Impact Assessment Group (CIAG) and the other a Horizon Scanning and New Interventions assessment process.
- Both processes utilise the criteria and weighted scores outlined here for assessment.
- The outcome of the two prioritisation processes is outlined overleaf:

NO	CRITERIA	MEANING	WEIGHTING
1	Patient Benefit	Potential for the intervention to have an impact on patient-related health outcomes (benefits and harms)	40%
2	Severity of the disease	The (serious) nature of the condition involved	15%
3	Burden of disease	The size of the population that would be affected (or would benefit) by the intervention	15%
4	Potential to decrease inequity	The intervention has the potential to introduce, increase or decrease equity in health status	30%

CIAG Outcome and Horizon Scanning



New Interventions Outcome

Intervention	Recommendation
Rituximab for the treatment in acute Thrombotic Thrombocytopaenic Purpura (TTP) and elective therapy to prevent TTP relapse (adult and children aged 2 years and above)	HIGH – Included
Imiglucerase (Cerezyme®)as long-term enzyme replacement therapy in patients with a confirmed diagnosis of non neuronopathic (type 1) or chronic neuronopathic (type 3) Gaucher disease who exhibit clinically significant non-neurological manifestation of the disease	
Active Middle Ear Implants and Active Transcutaneous Bone Conduction Implants for Complex Hearing Conditions	
Wearable cardioverter-defibrillators for adults at high risk of sudden cardiac death	MEDIUM – TBC
MR-guided laser interstitial thermal therapy for treatment of epileptogenic zones in children with refractory focal epilepsy	
An All-Wales Colorectal Peritoneal Metastasis Service: a proposal for clinical commissioning	REMOVED - Not for routine commissioning – IPFR

5.2 RISK ASSESSMENT FOR INVESTMENT DECISIONS

In order to ensure consideration has been given to every aspect of investment and potential savings, to inform this plan, we undertook an enhanced risk assessment on all services identified for investment through the 22/23 Plan, the 23/24 Plan and the 24/25 CIAG prioritisation process. The following schemes were therefore reviewed and the results are included in Appendix D:

Year	Scheme Name	Provider
ICP 24/25	Physiotherapy for Plastic Surgery at The Welsh Centre for Burns and Plastic Surgery (WCBPS)	Swansea Bay
ICP 24/25	Inherited Anaemias Specification	Cardiff & Vale
ICP 24/25	Expansion of the Dietetic and Psychology Service Provision to the Welsh Institute of Metabolic and Obesity Surgery	Swansea Bay
ICP 24/25	MTN - Trauma in Older People Clinical Lead	Swansea Bay
ICP 24/25	MTN – Combined service proposal	Cardiff & Vale
ICP 24/25	Intestinal Failure Services in North Wales	Betsi Cadwaladr
ICP 24/25	Acute Neurosurgery Therapies	Cardiff & Vale
ICP 24/25	Development of Renal Psychology services	Cardiff & Vale
ICP 24/25	Formally Commission Paediatric Ophthalmology	Cardiff & Vale
ICP 23/24	Cardiac Devices	Betsi Cadwaladr
ICP 23/24	Paediatric Emergency and Acute Medicine - (this is a major trauma case)	Cardiff & Vale
ICP 23/24	Neuropsychiatry Phase 2b	
ICP 23/24	Formally Commission Paediatric Infectious Diseases	Cardiff & Vale
ICP 23/24	Formally Commission Paediatric High Dependency (linked to tertiary care)	Cardiff & Vale
ICP 23/24	Neuro Rehab	Swansea Bay
ICP 22/23	Neuropsychiatry Phase 2a	Cardiff & Vale
ICP 22/23	Paediatric Orthopaedic surgery	Cardiff & Vale
ICP 22/23	Neurosurgery Sustainability and standards	
ICP 22/23	Formally Commission Paediatric Respiratory	Cardiff & Vale
ICP 22/23	Neonatal Transport ODN	Swansea Bay
ICP 24/25	ABUHB Bariatric BC	ABUHB
ICP 22/23	ICC (4x CNS; 4x Administrator)	No provider designated for S Wales
Strategy	Mesothelioma MDT	No provider
	Skin Camouflage	

5.3 PRIORTISED INVESTMENT DECISIONS

Following the outcomes of the prioritisation and risk assessment process, the following schemes have been prioritised for investment in this low-investment Plan, due to their high impact on service and patient safety. All of the schemes prioritised as 'High' through the Horizon-scanning and New Interventions process have also been included in the Plan.

SCHEME	HIGHEST SCORE	TOTAL SCORE
The Neurosurgery service located at the Cardiff and Vale UHB meets national standards to deliver a sustainable Neurosurgery Service.	25 (safety)	122
Impact of not releasing the funding to for the formal commissioning of High Dependency services linked to tertiary care, and what this means for the population of South Wales who would access this service.	20 (safe and timely)	104
Neuropsychiatry phase 2 (need wording – ie the impact of not releasing …..)	16 (effective, safe, timely & staffing)	89
Impact of not supporting the ***Major Trauma Centre (MTC) combined service proposal*** CIAG submission, comprising funding for a range of MTC developments	20 (safe)	74
Impact of not releasing the funding to for the formal commissioning of Paediatric Orthopaedic Surgery and what this means for the population of South Wales who would access this service.	12 (all with exception timely + effective – 9)	66
Impact of not releasing the funding to establish the new Neonatal Transport Operational Delivery Network – Services **will be further considered in Neonatal Services Phase 2 Review**	20 (safety)	65

5.4 NEW SERVICES PROPOSED FOR NATIONAL COMMISSIONING

Each year, new service proposals are made to WHSSC via Chief Executives or Welsh Government for agreement for commissioning by WHSSC by the Joint Committee, or to regularise service commissioning within Wales. The specialised services we anticipate responding to through the new national commissioning arrangements in year are:

Transjugular Intrahepatic Portosystemic Stent-Shunt (TIPSS)	**Pulmonary Hypertension in SBUHB**	**Primary ciliary dyskinesia**
Selective Internal Radiation Therapy (SIRT)	**Complex abdominal wall reconstructive surgery**	**Pelvic oncology surgery**

Genomics – of growing interest to the commissioning of specialised services is the field of genomics. Genomic services for Wales are fully commissioned by WHSSC and provided on an all-Wales basis by the All Wales Medical Genetics Services (AWMSG) hosted by Cardiff & Vale UHB. Development of this service remains a key strategic priority of Welsh Government and continues to be supported by additional directed revenue investment to deliver agreed implementation plans in conjunction with the Genomics Partnership Wales programme. In 2023/24 Welsh Government provided a further £4.6m to the service for the next phase of the plan. This will fund an additional 4,600 tests required by the updated Rare Disease and Cancer Test Directories.

The demand for genomic testing continues to grow at a significant pace which remains a challenging task for the service to deliver in the timescales required. The key drivers of demand come from the significant annual expansion in the scope and volume of tests required to comply with the national test directories. These test directories cover a full range of service predominantly made up of rare diseases, pharmacogenomics and cancer diseases to support and tackle the main causes of ill-health within the health and care system. Additionally, many of the complex, new medicines in the National Institute for Health and Care Excellence (NICE) pipeline, such as gene therapy ATMPs, will require accompanying genomic testing to determine patient eligibility. As these novel precision medicines are recommended for use by NICE, the demand of the genomics service in Wales will continue to increase.

The complexity of demand is also increasing with a material increase in the use of whole genome sequencing (WGS), in addition to whole exome and large gene panels. The UK genomics strategy to which Welsh Government are full partners envisages a substantial planned increase in the use of WGS in the coming years due to the advances in technology and the significant decrease in cost of next generation sequencing (NGS) .

The use of WGS brings with it many opportunities in terms of earlier more focussed accelerated diagnosis for Rare Disease that can lead to better management and access to therapies, but also challenges including digital infrastructure requirements and how to deal with incidental findings from tests.

6. COMMISSIONER ASSURANCE (PERFORMANCE, QUALITY, ESCALATION, AND RISK)

Through our approved Commissioner Assurance Framework (which includes our Performance Management Framework, Escalation Framework, Patient and Public Experience Framework and Risk Management Framework) WHSSC works closely with providers through structured meetings at service level and corporately through Service Level Agreement meetings to monitor provider service quality, activity, risk and cost. The current performance position is outlined below and is addressed in our planning. Additional narrative can be found in the service sections of this plan.

GIG CYMRU NHS WALES | Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC) Welsh Health Specialised Services Committee (WHSSC)

Performance Scorecard

Specialty / Provider Name	Measure	Tolerance Levels			Sep 2023		Oct 2023		Nov 2023		Latest Movement
Cardiac Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	86.03%	⊗	95.37%	◐	94.70%	⊗	↓
Cardiothoracic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	100.00%	✓	#DIV/0!		#DIV/0!		
Neurosurgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	97.24%	◐	98.92%	◐	98.85%	◐	↓
Paediatric Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	71.22%	⊗	73.71%	⊗	76.28%	⊗	↑
Plastic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	65.18%	⊗	66.56%	⊗	67.44%	⊗	↑
Spinal Surgery Service	RTT < 36 weeks - admissions	<95%	95-99%	100%	78.13%	⊗	#DIV/0!		#DIV/0!		
Thoracic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	93.53%	⊗	95.36%	◐	92.18%	⊗	↓
Bariatric Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	67.19%	⊗	70.49%	⊗	74.24%	⊗	↓
PET Scans	Pet scan < 10 days after referral	<90%	90-95%	>=95%	82.59%	⊗	81.48%	⊗	63.71%	⊗	↓
Posture & Mobility RTT - Adult	RTT < 36 weeks	<90%	90-95%	>=95%	94.09%	◐	94.12%	◐	↑		
Posture & Mobility RTT - Paeds	RTT < 36 weeks	<90%	90-95%	>=95%	95.68%	✓	96.89%	✓	↑		
CAMHS Beddays (excl. Out of Area)	NHS Beddays against contract	<85%, >105%	< 90%, >100%	90% - 100%	66.67%	⊗	67.57%	⊗	78.98%	⊗	↑
CAMHS Home Leave (excl. Out of Area)	NHS Home Leave against total	<20%, >40%	<25%, >35%	25%-35%	18.99%	⊗	14.12%	⊗	20.49%	◐	↑
Medium Secure Beddays	NHS Beddays against contract	<90%, >110%	< 95%, >105%	95% - 105%	76.37%	⊗	80.99%	⊗	77.62%	⊗	↓

6.1 QUALITY AND ESCALATION

- There are currently 10 services with an escalation status across all providers. These are summarised in the table here and presents the position as of 24/01/2024.
- All services in escalation have clear action plans in place, outlining mitigating actions that aim to get the service back to agreed levels of activity or sustained quality improvement and delivery
- The process for escalation and expected management is outlined in the WHSSC Escalation Framework which is also part of the Commissioner Assurance Framework (insert link to document)
- Some services in escalation (e.g. mental health, paediatric and neonatal services) require transformational and strategic solutions as well as operational improvement and these are included in our commissioning priorities (section 8).

Escalation level	Movement	Provider	Service	Notes
WG Escalation	same	English providers	Plastic Surgery Outreach	Note: Welsh Government leading the escalation process along with a wider escalation of Dermatology issues in North Wales
Level 4	same	Swansea Bay UHB	Welsh Fertility Institute (WFI)	In escalation since June 2023 due to concerns about the safety and quality of the service at the Welsh Fertility Institute (WFI). These were identified by a Human Fertilisation and Embryology Authority (HFEA) inspection report, leading the service being placed in escalation level 3. Further raised to level 4 in October 2023.
Level 3	same	Cardiff & Vale UHB	Neonatal Intensive Care (NICU)	In escalation since September 2023 due to similar concerns about PICU and Paediatric Surgery at C&VUHB. These concerns are being jointly addressed at Executive level.
Level 3	same	Cardiff & Vale UHB	Paediatric Intensive Care	In escalation since May 2023 due to concerns regarding capacity, staffing levels, bed availability and related adverse incidents. Weekly data has been requested to monitor the service, along with regular update meetings.
Level 3	same	Cardiff & Vale UHB	Paediatric Surgery	In escalation since November 2022, level increased to Level 3 in March 2023; weekly performance data requested to give assurance on delivery against baseline for future recovery, and monthly escalation meetings being held.
Level 2	same	Cardiff & Vale UHB	Cardiac Surgery	In escalation since July 2021 for not implementing the GIRFT review or addressing issues identified by HEIW; SMART action plan has now been developed, leading to de-escalation to Level 2 in May 2023.
Level 2	same	Swansea Bay UHB	Adult Burns	In escalation since November 2021; At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2022. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model. Estimated capital completion: end of 2023. De-escalated to level 2 in December 2023.
Level 2	same	Swansea Bay UHB	Cardiac Surgery	In escalation since July 2021 due to GIRFT review highlighting a high rate of poor clinical outcomes; de-escalated on immediate actions required by GIRFT review. De-escalation to Level 2 implemented in March 2023.
Level 2	same	Swansea Bay UHB	Plastic Surgery	In escalation since November 2022 due to significant waiting list numbers including long waiters over 2 years, escalation increased to level 2 in July 2023
Level 2	down	University Hospitals Bristol & Western Foundation Trust	Paediatric Cardiac Surgery	In escalation since October 2023 due to concerns about the waiting times for patients and the pace of improvement in this. An action plan is being developed by the Children's Hospital. Escalation reduced to level 2 in January 2024.
Total				

6.2 CURRENT COMMISSIONER RISKS

At the time of writing, a number of risks scoring 20 and above are actively being managed on our risk register. This section of the Plan, outlines those risks as well as giving assurance as to how they are responded to within the Plan:

Risk Ref	Risk Title	How Plan responds
Risk Ref: 26 - Neuropsychiatry patients waiting times (NCC046)	There is a risk that neuropsychiatry patients will not be able to be treated in a timely manner with the appropriate therapy support due to staffing issues. The consequence patients will have long waiting times to access the service and the lack of availability of step down facilities to support the acute centre will also result in delays.	The plan includes the development of posts within the neuropsychiatry services to mitigate this risk, as well as the development of an all-Wales liaison model.
Risk Ref: 34 - Lack of Paediatric Intensive Care Beds (P/21/02)	There is a risk that a paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when Date Added to Register:24/02/21 required due to constraints within the service. There is a consequence that paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment are not available or the patient being transferred out of Wales.	The Paediatric Intensive Care service is currently at escalation level 3. The service will continue to be performance managed in accordance with the escalation framework and commissioning processes of WHSSC. The new contract framework for PIC and HDU developed in 2023/24 will be monitored as the aim of this was to support a safe and sustainable unit.

6.2 CURRENT COMMISSIONER RISKS

Risk Ref	Risk Title	How Plan responds
Risk Ref: 48 Wales Fertility Institute (WFI) P/21/20	There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital are not providing a safe and effective service due to concerns with regards to the information flows from the service into WHSSC; late submission of contract monitoring which does not reconcile with finance returns. There is a consequence that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.	WFI is currently in the highest level of WHSSC escalation, Level 4. The service will continue to be performance managed in accordance with WHSSC escalation framework and commissioning processes. WHSSC are committed to working with the provider including liaising with the Human Fertilisation and Embryology Authority, the regulator for fertility services
Risk Ref: 54 CAHMS Environment and Workforce (MH/23/16)	There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. (NWAS)	Regular performance meetings are in place with the unit through which environmental and workforce issues are monitored and escalated appropriately where necessary.
Risk Ref: 60 WFI Treatment (P/21/24)	There is a risk all licensed HFEA activity at WFI will urgently and temporarily need to cease due to the fact that the Person Responsible (PR) has stood down from the role and there has been a failure to appoint a new PR to fulfil their duties. There is a consequence that patients in active treatment will need to have their treatment plan temporarily paused and the centre would not be able to accept new patients on a temporary basis.	

6.2 CURRENT COMMISSIONER RISKS

Risk Ref	Risk Title	How Plan responds
Risk Ref: 63 - Neurosurgery Sustainability (NCC063)	There is a risk that the delay in progressing the Neurosurgery Sustainability and Standards CIAG scheme for the ICP 22/23 and not investing in key high risk posts (Intra operative Monitoring (IOM), CNS Skull Base and Neuromodulation) due to the financial pressures of NHS Wales would as a consequence result in the loss of the sub speciality services of Neurosurgery (Skull Base, Facial Pain, Complex Spine and elements of tumour surgery). The IOM post is recommended by NICE guidelines and the lack of ability to recruit to this post substantively, would mean that these subspecialty surgeries would have to cease in Wales with patients then being required to receive treatment in North Bristol Trust (NBT). Additionally there is no commissioned CNS posts for skull base and Neuromodulation services, the service is managed by single handed consultants resulting in consultant time being used inappropriately to deliver nurse led services – this does not meet national standards and patients would be denied timely access to neurosurgical advice and treatment.	

7. SUMMARY OF THE DRIVERS RESULTING IN THE COMMISSIONING PRIORITIES

WHSSC is committed to gaining the maximum value from our extant commissioned services and investment profile, whilst also giving considerable challenge and scrutiny to the need for any new investment. Our Specialised Services Strategy, specific service strategies and our approach to performance management and quality assurance, alongside the difficult financial position shapes our approach to working with agility and innovation to drive quality, value and sustainability in specialised services. To this end, the commissioning priorities, as well as their goals, methods of delivery and intended outcomes ('our workplan') as set out on the following pages, are driven by:

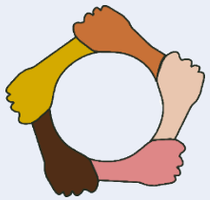
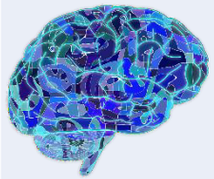
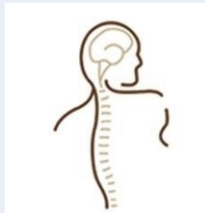
- The Specialised Services Strategy and service specific strategies
- Our approach to delivering the Duty of Quality through our Commissioner Assurance Framework
- Our approach to performance management and risk management
- The challenging financial context across NHS Wales, and the extent of savings required across the whole system
- Acute workforce challenges across specialised services, resulting at times in risks to service sustainability
- A growing inequity in access and waiting times for Welsh residents within Wales and as compared with NHS England
- Legacy recovery issues associated with response to the Covid19 pandemic
- An amplified focus on intelligent commissioning focussing on value, sustainability, efficiency and recommissioning.

As such our commitment remains extant which to maximise value from our core resources by:

- Making overt choices on new developments and investments on a risk assessed basis
- Ensuring that considerations of quality, equality and equity are central to planning and commissioning
- Ensuring that repatriation of services maximises value for patients and wherever possible is delivered within existing resource envelope
- Maintaining the renewed focus on performance management and value for money from contracts in line with the Escalation Framework
- Working with Health Boards in-year on value, cost-avoidance and demand management across whole pathways
- Evaluating previous investments and bring forward recommissioning choices in year in conjunction with Health Boards

8. COMMISSIONING PRIORITIES 2024/2025

On behalf of the seven Health Boards WHSSC commissions over 120 services across 50+ providers in Wales and NHS England. The service areas WHSSC commissions grows year on year as new services are agreed by the Joint Committee. In recent years we have also had a growing role in the commissioning of networks, and we host the only direct commissioning network (the Welsh Kidney Network) in NHS Wales. The WHSSC commissioning priorities are managed through multi-disciplinary Commissioning Teams through 5 main portfolios, as shown below:

COMMISSIONED SERVICES					**COMMISSIONING/COMMISSIONED NETWORKS**				
Cancer & Blood	Cardiac	Mental Health & Vulnerable Groups	Neurosciences	Women & Children	Welsh Kidney Network	Neonatal Transport Network *(under review)*	Major Trauma Network	Spinal Services Network	Traumatic Stress Wales (TSW)
									
CROSS CUTTING THEMES									

8.1 CANCER & BLOOD CONTEXT

- WHSSC commissions specialised cancer and blood services to the value of approximately £178 million for the population of Wales. Specialised cancer services include specialised radiotherapy (such as proton beam therapy and stereotactic ablative body radiotherapy), surgery (such as thoracic or liver surgery), haematopoietic stem cell transplantation (HSCT), specialist Multidisciplinary teams (MDTs) for rare cancers (such as sarcoma or neuroendocrine tumours) and cell and gene therapies (also called Advanced Therapeutic and Medicinal Products (ATMP)) such as CAR-T for lymphoma. Specialised blood services include the services for bleeding disorders (such as haemophilia), hereditary anaemias (such as sickle cell disease and thalassaemia) and Paroxysmal Nocturnal Haemoglobinuria. The Cancer & Blood commissioning team also has responsibility for a range of other services including the All Wales Medical Genomics Service, burns and plastics, specialised immunology and extra corporeal membrane oxygenation (ECMO).

- In 2024/25, the cancer & blood commissioning team will continue the implementation of key strategic developments commenced in 2023/24, in particular re-shaping commissioning arrangements for plastic surgery and implementing the recommendations of the review of specialised commissioning in haematology. This will include:
  - Plastic surgery: implementation of year 2 of the project to define specialised plastic surgery and transfer the commissioning of non-specialised plastic surgery from WHSSC to health boards. The focus for year 2 will be on identifying opportunities for improving pathways to obtain the best value for patients from plastic surgery. The transfer of commissioning is planned to commence from April 2025.
  - Specialised commissioning in haematology: Further to approval from Joint Committee in May 2023, implementation of the recommendations of the review commenced in autumn 2023. The focus in 2024/25 will be on developing the commissioning framework for acute myeloid leukaemia, thrombotic thrombocytopenic purpura and the management of long-term complications of HSCT.

- **New therapies:** The cancer & blood commissioning team will work with providers to develop commissioning policies and pathways for new therapies recommended by NICE in 2024/25 to ensure access to best treatment for patients with cancer and blood disorders. These are anticipated to include new cell and gene therapies for patients with blood cancers, inherited bleeding disorders and hereditary anaemias.

- **Re-commissioning:** WHSSC has recently taken commissioning responsibility for the long term ventilation service. Work has commenced and will continue in 2024/25 to re-commission this service, including assessing demand, developing a specification and agreeing the service model. The cancer & blood commissioning team also anticipate taking forward work to implement the recommendations from the review of All Wales Lymphoma Panel that is taking place in quarters 3 and 4 of 2023/24. The commissioning team will continue work to repatriate services currently delivered for Welsh patients in NHS England, where it is safe and sustainable to do so, and provides improved value for patients and for NHS Wales. In 2024/25, this may include Stereotactic Ablative Body Radiotherapy for lung cancer and /Selective Internal Radiation Therapy for hepatocellular carcinoma.

8.1 CANCER & BLOOD : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Strategic service development - implementation of haematology specialised commissioning review: To commission an All Wales Acute myeloid leukemia (AML) MDT. (Q4)	Develop an AML MDT commissioning policy and service specification. Designate a Health Board to host the All Wales AML MDT.	Ensures all AML patients get access to expert AML opinion to inform their individual care pathway. Ensures patients receive the correct therapy in the timeliest and most cost efficient manner. Allows more patients to be treated locally. Allows better use of resources at the tertiary centre. Improves communication between Welsh centres.	✓	✓	✓	✓	✓
	Develop an AML immunophenotyping service specification. Designate a Health Board for AML immunophenotyping.	Ensures patients receive the correct therapy in the timeliest and most cost efficient manner. Improves efficiency of existing MDT by having all results available for discussion in a single MDT meeting. Brings Welsh immunophenotyping and genetic services into compliance with national and international standards.	✓	✓	✓	✓	✓

8.1 CANCER & BLOOD : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Strategic service development - implementation of haematology specialised commissioning review: To commission the full Bone marrow transplant (BMT) pathway. (Q3)	Identify existing funding through resource mapping. Review service specification.	Ensures patients with complications from treatment are provided with specialist care required. Ensures consistency and equity across Wales. Provides a platform for development of optimal service model.	✓				
Strategic service development - implementation of haematology specialised commissioning review: To commission the Thrombotic thrombocytopenic purpura (TTP) pathway for south Wales. (Q4)	Develop service specification. Identify existing funding and transfer to WHSSC. Agree pathway and provider.	Equitable access to specialist care. Better outcomes for patients with TTP. Equitable access to clinical trials.	✓	✓	✓		
Strategic : Plastic surgery commissioning project: to implement phase 2 of the project. (Q4)	Scope the opportunities for streamlining pathways. Scope the opportunities for promoting joint training. Identify non - specialised procedures requiring a regional collaborative approach to provision and commissioning.	Achievement of best value from commissioning. Ensuring the specialist skills of plastic surgery are used prudently to improve outcomes for patients. Maximise opportunities for pathway development and innovation.	✓	✓		✓	✓

8.1 CANCER & BLOOD : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To consider commissioning a local provider for Selective Internal Radiation Therapy (SIRT) for treatment of Hepatocellular Carcinoma (HCC). (Q4)	To apply the WHSSC designation framework to commissioning a local provider of SIRT for HCC.	Improved patient experience due to care being delivered closer to home. Improved access to SIRT due to provision closer to home.	✓				✓
To continue to implement the expansion of SABR. (Q2)	To increase the range of SABR indications commissioned from SBUHB for the population of south west Wales. To apply the designation framework to commission SABR in BCUHB for the population of north Wales.	Improved patient experience due to care being delivered closer to home.	✓	✓			✓
To support the strategic development of thoracic services. (Ongoing)	To continue to support and work closely with the project led by Swansea Bay UHB to establish a single thoracic surgery centre at Morriston Hospital for the population of south west, east and mid Wales by providing commissioner input into the South Wales Adult Thoracic Surgical Services Programme.	Equitable access to high quality and sustainable thoracic surgery. To obtain best value from resources.	✓	✓	✓	✓	✓

8.1 CANCER & BLOOD : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To support the strategic development of Hepatobiliary (HPB) pancreatic surgery for Welsh residents. (Ongoing)	Continue to work with health boards towards transferring the commissioning of HPB surgery to WHSSC, providing input into the HPB surgery project board.	Equitable access to high quality and sustainable HPB surgery.	✓	✓	✓	✓	✓
To implement the recommendations of the All Wales Lymphoma Panel Review. (tbc)	*Dependent on outcome of AWLP review.*	*Dependent on outcome of AWLP review.*	✓	✓	✓		
To commission new ATMPs for patients with cancer and blood disorders in alignment with national guidance. (Expected new NICE guidance in 2024/25 for blood cancers, haemophilia, hereditary anaemias.) (Q4)	Develop commissioning policies. Commission pathways and designate providers.	Equitable access to effective treatments to maximise survival and quality of life.	✓			✓	
Genomics development: To commission new tests included within the test directories / to commission genomics necessary for approved NICE therapies. (Q4)	Monitor implementation of associated investment.	Equitable access to genetic testing. Improved patient outcomes. To obtain best value from resources.	✓				✓

8.1 CANCER & BLOOD : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To commission new PET indications as part of the strategic development of PET (based on evidence based expert advice from AWPET). (Q1)	Update PET commissioning policy. Commission additional indications.	Improved patient outcomes. To obtain best value from resources.	✓				✓
To commission a full endotherapy service for patients with Barrett's Oesophagus and early Oesophago-gastric cancer. (Q4)	Dependent on Joint Committee decision regarding transfer of commissioning of endoscopic mucosal resection (EMR).	Dependent on Joint Committee decision regarding transfer of commissioning of EMR.	✓	✓			✓
To recommission the long term ventilation (LTV) service.	Assess demand, develop service specification, agree service model.	Timely and equitable access to LTV. To obtain best value from resources.	✓	✓	✓		✓
Prioritisation Panel: To commission Rituximab for treatment of TTP (when brought under WHSSC's remit - see haematology review above). (Q4)	Release of funding to the commissioned service.	To improve outcomes by preventing relapse in patients with TTP.	✓				✓

8.2 CARDIAC CONTEXT

- WHSSC commissions cardiac specialised services to the value of approximately £110 million from Welsh providers, alongside services from a number of English providers for the population of North and Mid Wales. Approximately 14,000 patients per annum access WHSSC-commissioned cardiac services, of which some 1,800 undergo cardiac surgery.
- Major WHSSC-commissioned services include the two Cardiac Surgery Centres in Cardiff & Vale and Swansea Bay University Health Boards, the All Wales Adult Cystic Fibrosis Centre at the University Hospital Llandough, the obesity surgery service provided by the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) at Swansea Bay University Health Board, and the Level 2 ACHD Centre at the University Hospital of Wales in Cardiff. WHSSC's larger English providers of cardiac services include Liverpool Heart and Chest Hospital and Imperial College Healthcare NHS Trust.
- **Re-commissioning and value:** For 2023/24, the Cardiac Commissioning Team's goals are focussed on optimising and recommissioning WHSSC's cardiac provision. The Team will seek to expedite those services reviews already in progress, undertake new analyses intended to identify how commissioning models may be improved or rethought, and consider scope for service innovation during a period of significant financial strain.
- To this end, the Commissioning Team will:
  - Bring forward delivery of the Cardiac Review Phase 2 and its objective of a new service model for the delivery of cardiac surgery and TAVI
  - Seek to Commission Level 4 obesity surgery services that integrate seamlessly with the wider All-Wales Weight Management Pathway and which provide equitable access for all Welsh patients
  - Identify the preferred service model for the delivery of WHSSC-commissioned Inherited Cardiac Conditions services
  - Undertake a review of WHSSC-funded device services with the aim of ensure efficient and consistent provision across Health Board, cognisant of increasing numbers and recent repatriations
  - Seek to commission Cystic Fibrosis services whose configuration reflects the impact of CFTR modulators on the long-term management of patients with Cystic Fibrosis.
- **New therapies:** WHSSC has not prioritised the development of any new services in the cardiac portfolio, although the Commissioning Team will seek to deliver ICC and PH services that, in line with those objectives contained in last year's plan that were paused as a result of funding pressures, improve the experience of patients and, where possible, deliver care closer to home. Moreover, the Cardiac Commissioning Team will continue to monitor and, where possible, ameliorate the impact of known service pressures.

8.2 CARDIAC : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Commission Level 4 obesity surgery services that integrate seamlessly with the All-Wales Weight Management Pathway and ensure equitable access for all Welsh patients. (Q1)	Work with the Welsh Government to ensure pathway integration and consistent approach to patients who have received private procedures.	A fully integrated Weight Management pathway with equitable access for all Welsh patients.	✓			✓	
	Mitigate capacity constraints.	Provision of sufficient capacity to meet demand for Level 4 services, subject to funding constraints.	✓	✓			✓
	Explore potential for alternative English provider and scope for NW patients to undergo procedures in SW.	Equity of access for all Welsh patients.	✓		✓		✓
Develop proposals for the delivery of WHSSC-commissioned ICC services that build on the work already undertaken to identify gaps in current provision. (Q3)	Work with stakeholders to develop a service model and to identify commissioning needs, mindful of planned investment in Clinical Nurse Specialist and Administrative staff having been paused.	Service model that delivers care closer to home and ensures equity of access for patients.		✓			✓
To ensure that WHSSC-funded cardiac device services are optimally, efficiently and consistently commissioned across Welsh Health Boards. (Q4)	Review current provision across Health Boards.	Detailed analysis of current provision and allocated of resource, highlighting inequity and variation.	✓	✓		✓	✓
	Assess impact of differential arrangements and work to establish a consistent commissioning model, underpinned by agreed baselines.	Equity of access for Welsh patients and provision of care closer to home.	✓		✓		✓

8.2 CARDIAC : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Identify the future configuration of WHSSC-commissioned cardiac surgery and TAVI via the delivery of Phase 2 of the Cardiac Review. (Q4)	Commission and deliver a population needs assessment Undertake demand & capacity modelling and national bench-marking Convene clinical working group to consider evidence and future trends, including alignment with interventional valve cardiology services Develop new service specification Agree and implement new commissioning and delivery models.	Identification of optimal configuration of WHSSC-commissioned cardiac surgery and TAVI activity. Reduction of variation in survival and improved outcomes as a result of greater specialisation Implementation of new commissioning and delivery model, optimising the service available to Welsh patients.	✓	✓	✓	✓	✓
Commission a single site for Type A aortic dissections (including the Frozen Elephant Trunk technique). (Q3)	Application of WHSSC designated provider process to enable the selection of preferred provider.	Single provider for Type A aortic dissections and the Frozen Elephant Trunk technique, enabling improved care of Welsh patients closer to home.	✓	✓		✓	✓
	Commission single provider and manage period of transition and proctorship.						
To optimise the delivery of Pulmonary Hypertension (PH) services. (Q2)	Develop and implement a Pulmonary Hypertension service specification that supports current services whilst enabling future repatriation in line with recommendations of the previously undertaken WHSSC PH review.	PH services available closer to home for Welsh patients.	✓	✓			✓

8.2 CARDIAC : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Commission Cystic Fibrosis (CF) services whose form and focus reflect the impact of Cystic fibrosis transmembrane conductance regulators (CFTR modulators) on the long-term management of patients with Cystic Fibrosis. (Q2)	Review and reconfigure WHSSC-commissioned CF services.	Welsh patients have access to CF services that support the needs of current patients and which can accommodate future clinical needs.	✓	✓	✓	✓	✓
Deliver high-quality and sustainable specialised cardiology services, improving access and realising the potential of regional approaches in order to sustainable, safe and high quality services for the people of Wales. (Q4)	Work with Health Boards to develop proposals for the repatriation of specialised cardiology services, and to collaboratively develop proposals for regional provision.	Provision of accessible and responsive specialised cardiology services for the people of Wales; equity of access for patients; efficient use of available resources to maximise value.	✓	✓			✓

8.3 MENTAL HEALTH & VULNERABLE GROUPS CONTEXT

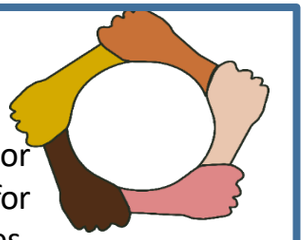
Mental Health

The Specialised Services Strategy for Mental Health was developed in 2022 in response to a number of key drivers including a number of Committee Inquiries and external reviews influencing Welsh Government policy and recommendations; changes to the commissioning landscape in England that have meant that the previous opportunities for cross border joint planning have reduced; the publication of service reviews considering learning disabilities, CAMHS inpatient services and secure services; and a focus on providing care for patients closer to home.

Re-commissioning and value: The final strategy has been developed following a demand and capacity report and will be presented to the Joint Committee for approval in January 2024. Provisional data from this work has indicated that the Strategy should aim to develop and modernise services in line with increased demand and acuity within mental health services to provide quality care for patients and enhance recovery with the following key areas of focus for the Strategy include:

- Development of secure mental health services for both men and women to be inclusive for those with a learning disability and provide a blended model of care to improve flow within the system
- Establishment of a single commissioner model for secure mental health services to include the commissioning of low, medium and high secure mental health services
- Stabilisation of Eating Disorder services to consider alternatives to previous contracting arrangement for both the medium and long term
- Consideration of CAMHS services in line with national reviews and recommendations to include collaboration with the FACS service
- Development of the perinatal mental health service provision in response to the review of the current service provision at Swansea Bay University Health Board, and development of closer to home provision for our North Wales patients
- Development of a national liaison model for neuropsychiatry through proposals put forward during the CIAG process.

Services are currently commissioned from a number of providers from NHS Wales, NHS England and the independent sector either through contracted arrangements, or via the IPFR process. As of 2023/24, the contract value for Specialised Mental Health Services for the population of Wales was £76m.



Vulnerable Groups

The Vulnerable Groups portfolio is a collection of specialised and non- specialised services that often include integrated models of care or multi-agency working to the value of around £6m. This portfolio accommodates 'once for Wales' commissioning and implementation, for example the service improvement initiative **Traumatic Stress Wales** and going forward, potentially specialist gambling addiction services. The portfolio supports projects that streamline services for vulnerable groups, for example, working in partnership with the Home Office, Public Health Wales and the Welsh Strategic Migration Partnership to inform the resettlement process for refugees with complex heath needs. The vulnerable groups portfolio also includes a highly specialised tier 4 CAMHS service called the **Forensic Adolescent Consultation Service** (FACS) which provides a consultation, assessment and training to agencies managing and caring for young people who, in the context of mental health issues and / or complex needs present a significant risk to others.

Gender identity services for adults and children and young people feature strongly in the portfolio:

- **The Welsh Gender Service for adults** provides diagnostic evaluation, recommendations for gender affirming endocrine treatment, referral to NHS commissioned gender affirmative surgeries, gender specific psychological therapies and peer led support. The Welsh Gender Service is recurrently funded at £1.4m per year, following investment to increase capacity, halving waiting times from 26 months to around 13 months. A further funding release planned for 2023-24 has been put on hold.
- **Gender affirming surgery for adults** is commissioned through NHS England.
- **The Gender Identity Development Service for Children and Young People** has been superseded by the **Interim Specialist Service for Children and Young People with Gender Incongruence.** WHSSC continues to commission this specialist service through NHS England and participates in the national transformation programme. WHSSC is committed to working with NHS England as part of the phase 2 of the transformation programme to engage with interested providers in commissioning a service closer to home for Welsh children and young people. This will be linked to the findings of the Cass Review and led by a specialist children's hospital working as part of the NHS England provider network.

There are no services currently in escalation. The focus for 2024-25 will remain on the reduction of waiting times for adult and children and young people's gender identity services, participating in the NHS England national transformation programme of gender services for children and young people and where possible, bringing services closer to home.

8.3 MENTAL HEALTH : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To commission sustainable provision for Eating Disorders. (Q1)	Secure short term provision. Ensure framework placements for independent sector provision. Purchase of beds at new Independent Sector unit due to open in South Wales in October 2023. Implement robust quality and performance monitoring processes. Design and implement referral pathway into identified placements.	Welsh residents to have access to high quality eating disorder provision. Provision is as close to home as possible where this is appropriate. Long-distance or off framework placements are kept to a minimum. Established relationships with framework placements. Assurance of quality and performance of placements. Robust referral pathways in place.	✓	✓			✓
To commission sustainable provision for Eating Disorders. (Ongoing)	Options appraisal on long term model. Consider Demand and Capacity report and recommendations as part of strategy development. Identify options for long term eating disorder provision for NHS Wales patients. Conduct full options appraisals for future eating disorders placements. Development of any business cases for the preferred option. Options appraisal on long term model.	Dedicated Specialised eating disorders provision for NHS Wales patients. Welsh residents to have access to high quality eating disorder provision. Provision is as close to home as possible where this is appropriate. Long-distance or off framework placements are kept to a minimum. Assurance of quality and performance of provision. Robust referral pathways in place.	✓	✓			✓

8.3 MENTAL HEALTH : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system. (Q3)	Consider Demand and Capacity report and recommendations as part of strategy development. Options appraisal on long term secure services model. Development of any business cases for the preferred option for future secure services provision. To consider blended models of care.	To enhance the patient pathway and flow between differing components of the secure service for both men and women (inclusive of patients with a learning disability). To ensure adequate low and medium secure provision is available for Welsh patients. Provision as close to home as possible. Assurance of quality and performance of provision.	✓	✓			✓
(Q4)	Consider pathways for men's secure MH services as part of strategy development.	Ensure flow within the service and that patients are in the most appropriate placements for their needs. Ensuring links with Ministry of Justice for pathways between health and MoJ services. Flow of patients between prison and NHS mental health services.	✓	✓			✓

8.3 MENTAL HEALTH : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system. (Ongoing)	Consider pathways for women's secure MH services as part of strategy development.	Ensure flow within the service and that patients are in the most appropriate placements for their needs. Ensuring links with Ministry of Justice for pathways between health and MoJ services. Flow of patients between prison and NHS mental health services.	✓	✓			✓
	Consider pathways for Learning Disabilities secure MH services as part of strategy development.	Ensure flow within the service and that patients are in the most appropriate placements for their needs. To ensure patients with a Learning Disability have their needs met in mainstream services where this is appropriate. Ensuring links with Ministry of Justice for pathways between health and MoJ services. Flow of patients between prison and NHS mental health services. Upskilling of secure services staff to ensure safe and effective care and treatment is in place for patients with a learning disability.	✓	✓			✓

8.3 MENTAL HEALTH : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system. (Ongoing)	To set up and implement the Secure Services Single Commissioner Project which includes the commissioning arrangements for low, medium and high secure services.	To remove a significant impediment to the effective use of resources. To improve, and expedite, the patients journey through secure care. To ensure patients' needs are met by the right level of security. To reduce delays in transfer. To remove perverse incentives for change. To take more of a strategic view of capacity across the secure services system.	✓	✓			✓
To ensure mothers requiring specialist mental health services have access in a timely way. (Q4)	To work with NHSE on the development of the Mother and Baby Unit for North Wales patients. Involvement in the project through the North Wales WHSSC office to ensure WHSSC input.	Mothers requiring support are able to access this as close to home as possible in a timely manner.	✓				

8.3 MENTAL HEALTH : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To ensure mothers requiring specialist mental health services have access in a timely way. (Q4)	To review the South Wales Mother and Baby Unit based at Tonna Hospital. To link to the SBUHB Estates Review.	To ensure adequate facilities within the estates footprint. To ensure family space and facilities available. Mothers requiring support are able to access this as close to home as possible in a timely manner.	✓				
To ensure that Child and Adolescent Mental Health Services (CAMHS) services are available and delivered in compliance with the WHSSC service specification. (Q2)	To develop the strategy to reflect the demand and capacity report. Identify options for future service development. Conduct a full options appraisal to determine the preferred option for future service development.	Published CAMHS Service specification. To ensure service provision is correct for population need. Ensure patients are treated as close to home as possible. Ensure that out of area placements are appropriate for individual need.	✓				✓

8.3 MENTAL HEALTH : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To progress the Neuropsychiatry All-Wales Liaison Model. (Q4)	Develop services within the Neuropsychiatry provision for Acquired Brain Injury through a phased business case model to develop therapeutic intervention and expertise advice. To implement phase 2a of the model in order to recruit to a wider MDT team including Psychologists, Speech and Language therapists, Physiotherapists and Occupational Therapists. To implement Phase 2b of the model in order to provide a fully functioning All-Wales Liaison Service including a discharge liaison post and an enhanced MDT provision. This is currently on pause and will be reviewed for 2024-25.	Therapeutic provision available for both inpatient services and outreach services. Fully operational liaison model to ensure equity of service across Wales.	✓	✓	✓	✓	✓

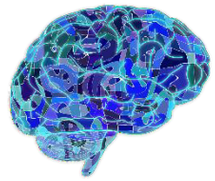
8.3 VULNERABLE GROUPS : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To ensure that adults in Wales have access to non-surgical gender identity services in a timely manner. (Ongoing Q1-Q4)	Continue to monitor and address the waiting list for new and follow up patients.	Adults in Wales have increased timely access to appropriately resourced non-surgical gender identity services.	✓	✓			✓
	Increase capacity of the Welsh Gender Service to reduce waiting times and increase access across Wales. **This investment is currently on pause and will be reviewed in 2024 -25 (Phase 3 CIAG)**.	Adults on the NHS Wales pathway have timely and equitable access to gender identity services.	✓	✓			✓
Q2	Repatriation of open cases from the London Gender Identity Clinic (Tavistock and Portman NHS Foundation Trust) to the Welsh Gender Service.	Adults on the NHS Wales pathway have timely and equitable access to gender identity services.	✓	✓			
To commission the Forensic Adolescent Consultation Service (FACS) for Youth Justice Services in Wales. (Q3)	Evaluate the current service provided by FACS for Youth Justice Services (planned for 2023-24 but may extend into 2024-25 subject to stakeholder engagement).	The FACS for Youth Justice Services service specification is informed by an evaluation.	✓				
		Access for complex children and young people that may not be in receipt of mental health services	✓	✓		✓	✓

8.3 VULNERABLE GROUPS : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To commission high quality gender identity services for the children and young people of Wales. (Ongoing Q1 -4)	Ongoing access to the NHS England commissioned national referral support service for children and young people in Wales.	Provide children and young people and their families/guardians access to the national referral support service provided by Arden and GEM NHS Commissioning Support Unit.				✓	✓
	Continue to represent the interests of Welsh residents and NHS Wales through the NHS England Children's Gender Dysphoria Work programme and work streams through active participation in project progression.	The national transformation programme considers the needs of children and young people in Wales.	✓	✓		✓	✓
Q4	Seek to secure a regional provider for Wales.	Children and Young People in Wales have access to specialist gender incongruence services closer to home.	✓	✓		✓	✓

8.4 NEUROSCIENCES AND LONG TERM CONDITIONS CONTEXT



- WHSSC commissions Neurosciences and Long Term Conditions from a variety of providers across the UK to meet the tertiary needs of the Welsh population. Patients access tertiary services from Cardiff and Vale University Health Board, Swansea Bay University Health Board, Walton Centre NHS Foundation Trust, Robert Jones and Agnus Hunt Orthopaedic Hospital NHS Foundation Trust, Manchester University NHS Foundation Trust, University Hospitals Bristol NHS Foundation Trust, University Hospitals of North Midlands NHS Trust, Royal Stoke University Hospital and Sheffield.
- As of 2023/24, the contract value for Neurosciences and Long Term Conditions (LTC) Specialised services for the population of Wales was £112m, which is 14% of the WHSSC budget.
- The Neurosurgery service Referral To Treatment (RTT) is on a downward trajectory, there are no 52 week waits. There are clear plans and trajectories in place across all the Neurosciences and LTC services portfolio to achieve Welsh Government RTT targets.
- **Recommissioning and Value** - 2024/25, will see the development of a 5 year specialist tertiary rehabilitation strategy specialised which supports collaboration and uses joined up commissioning approaches for the whole clinical pathway to provide a high quality, sustainable and equitable rehabilitation service that meets national standards for the population of Wales.
- **New Therapies** - WHSSC will be commissioning a number of new services in 24/25, two of these services will be in the Neurosciences Commissioning Team; Neurophysiology and Sacral Nerve Stimulation.
- **Mitigating Risks** - There are a number of risks for the portfolio in 24/25 these include the lack of Acute Neurosurgery Therapy provision, delayed admissions to the Rehabilitation service due to the current commissioned nursing establishment does not meet BSRM standards and thus the number of tracheostomy patients cannot be cared for safely, Specialist Workforce shortfalls for Adult Rehabilitation services and the Deep Brain Stimulation Service; where patients do not receive the correct follow up care. Some of these risks will be addressed via the Rehabilitation Strategy.

8.4 NEUROSCIENCES : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To enhance provision of Acute Neurosurgery Therapy. (Q4)	We will include in the ICP 24/25 to receive a business case from service. Funding release and implementation. Work with service to develop a business case Propose funding release to management group Commission the service.	Improved patient flow across the acute neurosurgery service pathway enabling early discharge and repatriation. Improved patient outcomes. Patients receive the appropriate intensity of rehabilitation in the timeliest and most cost efficient manner. Compliance with British Society of Rehabilitation (BSRM) standards.	✓	✓		✓	✓

8.4 NEUROSCIENCES : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Development of Rehabilitation Operational Delivery Network (ODN) - To strengthen the discharge and repatriation process for adult rehabilitation service across organisation boundaries. (Q4) (**This is subject to approval of the Rehabilitation Strategy by Joint Committee)**	Work with Health Boards to develop a service model which provides a high quality sustainable service to improve access and flow. Develop a new service specification to operationalise the ODN. promote and support cross-organisational and clinical multi-professional collaboration. Setting objectives through an annual plan with the ODN. Landing pads or landing pad team as part of the service model development to ensure that there was a single point of contact to support repatriation and discharge. Develop a Memorandum of Understanding between the ODN and Health Boards to ensure delivery of the new rehabilitation service model. Using the All Wales Repatriation Policy Develop a 48 hour discharge policy similar to the Major Trauma framework for all Rehabilitation patients trauma and non-trauma.	Enhanced patient flow across the pathway ensuring patients can access the right service at the right time and in the most appropriate place. Reduction in unwanted variation and inequity between trauma and non-trauma rehabilitation patients. A designated core group of staff from all professions can be easily identified for additional support and training, Staff would be able to maintain these skills, They would have access to the skilled tertiary outreach teams (following business case approval for additional investment) to support this training, Concentrates the training over a smaller number of staff, which serves an advantage where for complex patients there is a likelihood that skills fade between cases. Ensure patients receive the appropriate intensity of rehabilitation in the timeliest and most cost efficient manner. Improve patient pathway flow across the rehabilitation service. Compliance with British Society of Rehabilitation (BSRM) standards.	✓	✓	✓	✓	✓

8.4 NEUROSCIENCES : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To develop a Movement Disorder service Model and review current commissioning arrangements for the Deep Brain Stimulation (DBS) Service. (Q2)	Work with Health Boards to develop a service model which provides a high quality sustainable service. Establish a framework for the subsequent DBS service modelling work for the south Wales population, using the Designated Provider Framework. Work with Neurology and Gerontology teams across the south Wales region to help identify the surgical patient cohort.	Improved patient flow across the DBS service pathway. Increased staff skills and knowledge.	✓	✓	✓	✓	✓
To commission the Neurophysiology Service for Wales. (Q4)	Work with Health Boards to develop a service model which provides a high quality sustainable service. Utilise the WHSSC Designated Provider process to determine a provider.	Patients receive the appropriate intensity of rehabilitation in the timeliest and most cost efficient manner. Improved patient flow across the rehabilitation service pathway. Effective utilisation of resource.	✓	✓	✓	✓	✓

8.4 NEUROSCIENCES : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To commission a Thrombectomy Service for the South Wales region. (Q3)	Review and update the current policy. Provide opportunity for review of these patients within the CVUHB neurology service with active feedback to referring teams to aid with continuous professional development and education. Develop a separate service specification to include new access criteria, patient outcome measures and value based healthcare to shape our commissioning decisions. Utilise Stroke national clinical guidelines to shape the commissioning of Thrombectomy services. work in partnership with health boards and clinical networks to improve standardisation across patient pathways.	All Thrombectomy patients get access to expert Thrombectomy treatment and opinion. Equity of provision, and effective use of resource. Compliance with National Clinical Guidelines for Stroke standards for Thrombectomy services.	✓	✓	✓		
To commission the Sacral Nerve Service for Wales. (Q4)	Work with Health Boards to develop a service model which provides a high quality sustainable service. Utilise the WHSSC Designated Provider process to determine a provider. Develop a commissioning policy to ensure all patients have timely access to this procedure.	Ensure value for money in commissioning. Ensure equity of provision. Compliance with National Standards.	✓		✓		

8.4 NEUROSCIENCES : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To ensure that the North Wales Paediatric Cochlear Implant patients receive follow up care closer to home. (Q1)	Repatriate the north Wales Paediatric Cochlear Implant patients from Manchester University Hospital. Monitor the transformation through regular meetings with the service and at BCUHB interface meetings.	Improve patient flow across the pathway. Ensure value for money in commissioning. Care is provided closer to home.		✓			
To commission a Middle Ear Implant service for Wales as part of the developing Specialist Auditory Hearing Implant Service. (Q4)	Work with Health Boards and the service to develop a service model which provides a high quality sustainable service.	Ensure value for money in commissioning. Ensure equity of provision for Welsh residents.		✓	✓		✓
To establish a preferred provider for the Cochlear Implant and Bone Conduction Hearing Implant service for South East Wales, South West Wales and South Powys. (Q4)	Using the All Wales Engagement and Consultation document. Preferred model agreed and proceed to implementation. Launch and implement the newly developed Specialist Auditory Hearing Implant Service. Development of PROMS and PREMS for the Bone Conduction Implant Service.	Ensure equity of provision for Welsh residents. Ensure value for money in commissioning. Compliance with the British Cochlear Implant Group (BCIG) quality standards and the Bone Conduction Hearing Implant Guidelines. Providing care closer to home aligning with the NHS and whole system core values which have been set out in A Healthier Wales (2018).			✓		✓

8.5 WOMEN AND CHILDRENS : CONTEXT

Based on the 2020 mid-year estimates, the paediatric population for Wales is 596,592, which is 18.8% of the total population. To meet the tertiary needs of the paediatric population, specialised paediatric services are commissioned by WHSSC from a number of providers across the UK. The south, south west, and Powys population predominantly access tertiary paediatric services from the Children's Hospital for Wales, Cardiff; Bristol Royal Hospital for Children; University Hospitals Bristol NHS Trust and Birmingham Children's Hospital; Birmingham Women and Children's NHS Foundation Trust. Children in North Wales predominantly access services from Alder Hey Hospital. As of 2023/24, the contract value for paediatric Specialised services for the population of Wales was £134m, which is 16.8% of the WHSSC budget.

2024/25 will see the specialised paediatric services strategy enter its third year of implementation, the Strategy has at its heart the following strategic aim: "to develop a 5 year commissioning strategy for the provision of high quality, sustainable and equitable specialised paediatric services for the children of Wales". Neonatal services sits outside of the Paediatric Strategy however in 2022/23 the re-baselining of neonatal cots across the south and west Wales region was approved with the scoping of a further phase of work, which has been worked up throughout 2023/24, the aim of which is to ensure improved outcomes for the babies of Wales through the commissioning of safe and efficient model of care.

Recovery post-covid, in particular the requirement to close the gap between the waiting times for adults accessing specialised services and paediatric patients accessing specialised services, will remain as the focus in Women and Children's throughout 2024/25. Paediatric patients are known to be waiting longer when comparing the proportion of time waiting relative to age. Workforce availability is having a direct impact on capacity within the south Wales system and there are a number of risks and services in escalation level 3 as noted on page 15.

In the absence of any services prioritised through the WHSSC prioritisation processes the goals for Women and Children throughout 2023/24 will work to address the strategic aims of the WHSSC Specialised Services Commissioning Strategy, as well as the specific strategic aims of the Specialised Paediatric Service Strategy and the Neonatal Cot Reconfiguration. In addition to this, the risk and performance management of current services in escalation will continue to be managed robustly as recorded in the Goals, as well as taking forward the transformational and strategic planning work required to underpin improvement and identify areas of recommissioning as necessary.

New therapies: The Women and Children commissioning team will work with providers to develop commissioning policies and pathways for new therapies recommended by NICE in 2024/25 to ensure access to best treatment for paediatric patients.

8.5 WOMEN AND CHILDRENS : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To undertake strategic planning for Neonatal Services, including Neonatal Transport in south Wales in collaboration with Health Boards to consider wider implications for non-commissioned services. (Q4)	Commission Independent Support to consider optimal structure of neonatal units based on activity and outcome data.	Objective recommendations for future structure of neonatal services in south Wales.	✓	✓	✓	✓	✓
	Work with Health Boards' on maternity implications.	Ensure optimal outcomes for babies in South Wales within an efficient service delivery model.	✓	✓	✓	✓	✓
		Improved flow across the Neonatal 'Network'.	✓	✓		✓	✓
	To commission a sustainable and efficient neonatal service of South Wales, 24 hours a day.	A sustainable service that supports the safe transport of babies when necessary.	✓	✓	✓	✓	✓
	Formal Consultation and Engagement of any proposed changes.	Patients have access to right care in the right place at the right time.	✓	✓		✓	✓
To ensure paediatric ophthalmology services are available for the people of Wales. (Q3)	Formally Commission Paediatric Ophthalmology. Work with provider to develop business case; followed by consideration by the Specialised Paediatric Strategy Implementation Board.	Equitable access to Specialised Paediatric Ophthalmology for the population of Wales.	✓	✓			✓

8.5 WOMEN AND CHILDRENS : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Review of Children's Hospital for Wales including operational management, optimal service configuration and appropriateness of governance arrangements. (Q4)	Benefits analysis against the intended scope of the Children's Hospital for Wales.	Ensure value for money against investment has been realised.	✓	✓		✓	✓
		Assurance in a changing landscape that optimum outcomes are being delivered through an efficient and equitable model of delivery.	✓	✓	✓	✓	✓
		Appropriate governance arrangements to provide required assurances to the Commissioner and referring Health Boards.	✓	✓		✓	✓
	Develop sustainable workforce model for each reviewed service.	Sustainable staffing levels that meet the needs of the patient population.	✓				✓

8.5 WOMEN AND CHILDRENS : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To ensure efficient and equitable services, through the review of three services are available for children across Wales both in-reach and outreach. Service 1 (Q2), Service 2 (Q3), Service 3 (Q4)	Review three services. To be confirmed by the Implementation Board and prioritised according to service risks.	Improved access to paediatric services for all patients across Wales. Publish Service Specification for each reviewed service.	✓	✓			✓
	Contract re-basing for each reviewed service.	Efficient models of delivery for all paediatric services.	✓	✓			✓
	Individualised quality indicators published and reported against for each reviewed service.	Equitable access to services in line with the STEEEP (Safe, timely, efficient, effective, equitable, patient centred quality framework.	✓	✓			✓
To formally commission: - Fertility preservation for service users with ovarian tissue who are at high/very high risk of infertility and cannot store mature eggs. - Fertility preservation for service users with testicular tissue who are at high/very high risk of infertility and cannot store sperm. - Fertility and endocrine restoration using cryopreserved ovarian tissue. (Q4)	Work with NHS England on Nationally Commissioned service.	Equitable access to fertility preservation for paediatric patients in Wales.	✓	✓	✓	✓	✓

8.6 NETWORK DEVELOPMENT & DELIVERY

WHSSCs commissioning and delivery role in relation to Networks has developed over recent years:

WHSSC COMMISSIONED NETWORKS

- **Major Trauma**- The South Wales Trauma Network (SWTN) was launched in September 2020 following approval of a Programme Business Case by all six affected Health Boards. WHSSC commissions the Network from Swansea Bay UHB as the designated host provider under the approved Service Specification. There is a quarterly Clinical and Operational Board run by the Network; assurance on delivery is currently provided to the Joint Committee via the quarterly WHSSC-led Delivery Assurance Group. With regard to trauma services, WHSSC commissions the Major Trauma Centre, orthoplastics and some ambulance support. The Large Trauma Unit and Trauma Units are commissioned by Health Boards.

- **Spinal** - The South Wales Spinal Network will launch in September 2023 following agreement to establish an ODN for spinal surgery by the Collaborative Executive Group in April 2021. WHSSC commissions the Network from Swansea Bay UHB as the designated host provider under the approved Service Specification. There will be a quarterly Clinical and Operational Board run by the Network; assurance on delivery will be provided to the Joint Committee via the quarterly WHSSC-led Delivery Assurance Group. WHSSC does not commission spinal surgery services which remain the responsibility of Health Boards.

- **Neonatal** - The Joint Committee has also agreed to establish a Neonatal Transport ODN following WHSSC concerns about the governance of service delivery. The establishment of the Neonatal Transport ODN is currently under review in the context of the wider financial and service issues.

Objectives have been developed for each of the networks and are below in section 8.6.2 and 8.6.3

WHSSC COMMISSIONING/DELIVERY NETWORKS

- **Welsh Kidney Network -** On behalf of the 7 Health Boards in Wales, The Welsh Kidney Network (WKN) is a sub-committee of WHSSC and thereby obtains its authority and responsibility as delegated by the Joint Committee. The service provision in Wales is split into 3 regional areas; North Wales delivered by Betsi Cadwalader University Health Board, South East Wales delivered by Cardiff & Vale UHB, covering C&V UHB, CTMUHB and AB UHB population footprint, West Wales delivered by Swansea Bay UHB, covering SB UHB and Hywel Dda UHB population footprint.

- **Traumatic Stress Wales (TSW) -** Traumatic Stress Wales is funded by Welsh Government, and delivered from within WHSSC. TSW aims to improve the health and wellbeing of people of all ages living in Wales at risk of developing or with post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD). Traumatic Stress Wales is a national initiative that works through a network of easily accessible, locally based services centred around the people they are trying to help with streamlined care pathways to avoid unnecessary repeated referral and assessment. The initiative covers children, young people and adults, and is co-produced, co-owned and co-delivered by all relevant stakeholders, including people with lived experience of PTSD and CPTSD.

8.6.1 WELSH KIDNEY NETWORK CONTEXT

The role of the Welsh Kidney Network (WKN) is to commission kidney replacement therapy (KRT) for adults in Wales who have progressed to end stage renal disease (ESRD), which is reached at Stage 5. At this stage, which is irreversible, the kidneys are no longer able to function and KRT dialysis or transplantation becomes necessary to maintain life (Jansen, 2012; NICE, 2014). There has been a progressive increase in the prevalence of Chronic Kidney Disease (CKD) across most Health Boards between 2016 to date from 4.27% of population in Q1 2016/17 to 6.08% in Q4 2022/23.

As of 2023/24, the contract value for Welsh Kidney Network services for the population of Wales stands at £81.228m which is 10.2% of the WHSSC budget.

The WKN Commissioning portfolio covers the following areas:

- Unit Dialysis services in Wales, set as a 'hub and Spoke' model offering Hospital unit and satellite unit dialysis service. With the 'satellite' services operated by Independent Service Providers (ISP).
- Home Dialysis.
- Vascular Access surgery – creation and revision of arteriovenous fistulae; grafts and peritoneal dialysis catheter insertion.
- Renal Transplantation – University Hospital Wales, English University Hospital Trusts; Liverpool, Birmingham and Manchester.

The WKN also has an advisory role in relation to, Policy development support to Welsh Government. CKD – interaction with primary care for patient education, assessment and care, Conservative Management – shared palliative care management with primary care, Transport – in collaboration with WAST delivery of dialysis transport within agreed standards.

As well as the commissioned portfolio, 2024/25 will see a focus on the ‘golden threads' that underpin the commissioned activity within the WKN; strengthening of the national digital approach, successful delivery of the Value in Healthcare (ViHC) regional projects, building on the current 3rd sector and patient participation, providing educational resource to healthcare professionals, patients and carers and a review of workforce resource across the specialist area of Renal services in Wales.

8.6.1 WELSH KIDNEY NETWORK : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To meet the demand for Unit Dialysis growth across Wales. (Q4)	Undertake a demand and Capacity analysis Develop an appropriate Unit Dialysis model to meet demand Re-fresh current Commissioning Policy and Service specification.	Patients who choose unit dialysis are closer to home. There is equitable service provision across Wales. Reduction in variation across Independent Service Providers across Wales.	✓	✓	✓	✓	✓
	Under the new entity for National Commissioning (24/25) will enable closer working with commissioning team responsible for Non-Emergency Patient Transport (NEPTS). Active representation and participation of the WKN on Ambulance Care Programme Board.	There is equitable service for provision across Wales. A transportation service is aligned to Unit Dialysis Service provision. A transportation services meets the 30:30:30 service specification. Up to date Commissioning Policy and service specification.	✓	✓	✓	✓	✓
Strategy Vascular Access. (Q2)	Refresh Vascular Access Commissioning Policy and Service specification.	Reduction of variation of vascular access across Wales. There is equitable access and service provision for patients.	✓	✓	✓	✓	✓

8.6.1 WELSH KIDNEY NETWORK : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Increase Home Dialysis. (Q4)	Develop Commissioning Strategy and service specification.	There is equitable access and service provision of Home Dialysis across Wales. Up to date Commissioning Policy and service specification. Referral pathways to Home Dialysis are lean and prudent.	✓	✓	✓	✓	✓
	Development of a Home Dialysis Framework.	A Framework that is aligned to patient need rather than equipment centric A framework that embeds Value and Outcomes approach. Achieve Value for Money (VfM) through economies of scale. A framework that is sustainable and equitable, fit for purpose acting as an enabler to support the Home Dialysis strategy.	✓	✓	✓	✓	✓

8.6.1 WELSH KIDNEY NETWORK : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Strategy Transplantation. (Q4)	Refresh Transplantation Commissioning Policy and Service specification.	Up to date Commissioning Policy and service specification.			✓	✓	✓
	Collaborative working to deliver the Organ Donation and Transplantation plan for Wales 2022-2026, supplemented by Organ Utilisation Group Recommendations. (NHS England)	To embed best practice and equity of service for patients across Wales. Delivering Get it Right First Time (GIRFT) recommendations. A strengthened collaborative working ethos with the 4 home nations.	✓	✓	✓	✓	✓
	Redesigning Renal Psychology Services offered to patients in Wales.	An increased psychological support for patients and donors. An increase of patients receiving transplants in Wales. Patients are well informed to make the appropriate choice on what Kidney Replacement Therapy is best for their them.	✓	✓			✓
Build upon current Patient and 3rd Sector participation. (Q4)	Increase participation within Commissioning Strategy, Service development.	The practice of co-production is developed and applied to the design and delivery of WKN commissioned services. Patients feel empowered to become actively involved in the development and delivery of care within the WKN Commissioned services. A sustainable 3rd Sector provision to support Kidney patients in Wales.	✓	✓	✓	✓	✓

8.6.1 WELSH KIDNEY NETWORK : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Strengthen national approach on Information Technology. (Q1)	Development of Renal Digital Strategy.	Increasing and enabling standardisation where appropriate. Utilising existing systems to achieve maximum benefit. Reduction of inconsistent reporting on funded and unfunded capacity throughout Wales, through the development of digital intelligence solutions An increased offering of a digitised provision of Kidney Services in Wales. An established workforce model for Renal Digital Service across Wales. Develop population health resources which will provide greater intelligence for Kidney Services in Wales.	✓	✓	✓	✓	✓
Deliver on Value In Healthcare programme. (Q1-4)	Continuation of regional ViHC projects.	Increase in the number of patients choosing home dialysis and achieving >30% of patients at home. Improving the patient pathway for home dialysis by early support identifying barriers and finding solutions. Increasing the number of patients choosing pre-emptive transplant.	✓	✓	✓	✓	✓

8.6.1 WELSH KIDNEY NETWORK : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Provide educational resource to Health care professionals, patients & carers. (Q4)	Increased development and maintenance of WKN Website. Collaborative working with wider colleagues and 3rd Sector on material.	Increasing the number of patients choosing the appropriate Kidney Replacement Therapy through informed decision making process Capturing patients earlier within the pathway, focusing on a preventative approach. A standardised approach to educational resource for patients and health care professionals across Wales, reducing variation and delivery methods.	✓	✓	✓	✓	✓
Develop a sustainable Renal workforce. (Q4)	Review workforce within each Commissioned area Work on a demand and capacity model within the commissioned areas	Having a sustainable workforce model that is reflective of the commissioned services, aligning to local variations where appropriate. Increasing recruitment and retention numbers of nursing staff within the speciality of Renal, providing a development pathway supporting succession planning. Ensuring the appropriate funding is made available along with the sources of funding Delivery of the GIRFT recommendations for a Multi Disciplinary Team renal workforce	✓	✓	✓	✓	✓

8.6.2 MAJOR TRAUMA CONTEXT

Commissioned by WHSSC from Swansea Bay University Health Board on behalf of the six Health Boards (South, Mid and West Wales), the South Wales Trauma Network (SWTN) was launched in September 2020. The Network serves the population of South Wales, West Wales and South Powys, and is made up of hospitals, emergency services and rehabilitation services across the region, working together to ensure patients with life-threatening or life-changing injuries receive the best possible treatment and care.

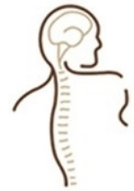
Since its launch, the Network has been subject to a First Year Evaluation which identified that, although the Network remains in its infancy, there is measurable evidence of its positive impact. The Network has also undergone its first Peer Review, which acknowledged the Network's successes, and which identified several areas of good practice and no Immediate Risks.

For 2024/25, WHSSC's focus will be on enhancing the Network's delivery assurance, commissioning and performance management arrangements. To this end, the following annual objectives are based objectives contained in the WHSSC Service Specification, whose delivery will ensure that the Network consolidates, evaluates and optimises its delivery model during a period of acute financial challenge, subject to robust commissioner oversight. The SWTN Delivery Assurance Group (DAG) – a sub-group of the Joint Committee chaired by the WHSSC Director of Planning and Performance – will receive quarterly reports that track the delivery of these objectives, whilst an annual report will advise on the delivery of the Programme Business Case benefits realisation plan, including benchmarked outcomes.

8.6.2 MAJOR TRAUMA NETWORK : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Continued delivery of planned South Wales Major Trauma Network and Major Trauma Centre evaluations. (Q2)	Undertake Gateway5 external assurance post implementation review.	Welsh Government and WHSSC assured that planned benefits are being achieved and that strategic outcomes are being me.	✓	✓	✓	✓	✓
Consolidation of major trauma service model at a time of significant financial Pressure. (Q4)	Use of peer review and evaluation to identify new and extant service gap.	Major trauma service to be optimally configured to meet challenges of delivery without recourse to further investment.	✓		✓	✓	✓
	Provision of advice and data intelligence to commissioners that drives service configuration, staffing complement and enhanced utilisation of existing resource.						
	Continue to undertake long-term planning which ensures that new capabilities can be brought into core operations as quickly and efficiently as possible.						
Robust commissioner oversight, facilitated by revised reporting. (Q1)	Development of annual report, measuring performance against service specification and PBC investment objectives.	Demonstrable and measurable health gains, equity, clinical and skills sustainability, and value for money.	✓			✓	✓
	Proactively identify and ameliorate potential underperformance or divergence from requirements of service specification.						

8.6.3 SPINAL NETWORK CONTEXT



In order to ensure that all patients across South, Mid and West Wales have timely and equitable access to a safe, effective and sustainable spinal surgery service, the six applicable Health Boards agreed to establish an Operational Delivery Network (ODN), culminating in the South Wales Spinal Network going live on 24 September 2023. Commissioned by WHSSC and hosted by Swansea Bay University Health Board, the Network has operational authority to: maintain and coordinate patient flow across the spinal surgery pathway; lead the development, and coordinate implementation and delivery of standards and pathways; and promote and support cross-organisational and clinical multi-professional collaboration.

As spinal surgery services remain commissioned by Health Boards, the development of the Network has not necessitated an underpinning Programme Business Case. Its delivery and implementation will be overseen by the quarterly meetings of a Delivery Assurance Group (DAG), which will constitute a sub-group of the WHSSC Joint Committee and which will be chaired by the WHSSC Director of Planning and Performance.

Mindful of the Network's recent launch, WHSSC's focus for 2024/25 will be on the complementation of its planned implementation, culminating in its effective discharging of the responsibilities for which it has been granted operational authority. The following annual objectives therefore focus on the Network's full implementation, and on the delivery of the specified requirements and standards contained in the Network's Service Specification. In addition, WHSSC will need to be assured that it is able to deliver robust commissioner oversight, facilitated by appropriate reporting via the DAG and culminating in a newly instituted annual report that provides evidence of system evaluation, governance, performance and quality improvement.

8.6.3 SPINAL SERVICES : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Complete planned implementation of South Wales Spinal Services Network. (Q4)	Development, delivery and implementation of standards and pathways.	Implementation of an Operational Delivery Network that ensures the delivery of safe, effective and sustainable spinal services across the patient pathway.	✓		✓	✓	
	Promotion of and support for cross-organisational and clinical multi-professional collaboration.						
	Provision of advice to commissioners that that shapes the future delivery and commissioning of services for patients with spinal conditions.						
Delivery of specified requirements and standard. (Q4)	Consolidation of Network-wide collaborative approach.	Improved patient experience and outcomes across the Network.	✓	✓		✓	✓
	Implement a network wide continuous process of system evaluation, governance, performance and quality improvement.						
	Undertake benchmarking with NHS England (NHSE) spinal surgery networks and disseminate best practice.						
Robust commissioner oversight, facilitated by appropriate reporting. (Q1)	Delivery Assurance Group (DAG) reporting to be developed with WHSSC that measures performance against service speciation.	Demonstrable improvements to the experience and outcomes of patients who require elective or emergency spinal surgery.	✓		✓	✓	
	Development of annual report that provides system evaluation, governance, performance and quality improvement.						

8.7 CROSS CUTTING DELIVERABLES : PLAN

Within the context of the Specialised Services Strategy, and the movement to a new joint commissioning committee for NHS Wales, there are also a number of cross cutting deliverables within this year, which are outlined here:

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To build capacity for expert commissioning across NHS Wales. (Ongoing)	Detailed programme of activity including master classes, shadowing and on-line resources.	Increased capacity and competency in NHS Wales for commissioning.					
Continue to deliver the all-Wales Positron Emission Tomography (PET) Programme which includes establishment of four new PET centres in Wales. (Ongoing)	Effective oversight and assurance function of the three Projects (SBUHB, BCUHB and PETIC), in addition to implementation of other service enabling activity.	Increased scanning capacity across Wales to meet growing clinical demand. Improvement in key clinical and process outcomes.	✓	✓		✓	✓
Develop the all-Wales strategic plan for the delivery of Molecular Radiotherapy (MRT) services in Wales. (Q2)	Set up appropriate programme infrastructure using established methodology.	Allows service providers and commissioners to prepare for the introduction of clinically and cost effective MRT treatments for Welsh patients.	✓	✓		✓	✓
Establish a new programme to evaluate the clinical and cost effectiveness and utility of Advanced Therapeutic Medicinal Products (ATMPs). (Ongoing)	Set up appropriate programme infrastructure using established methodology.	Ensures high quality, relevant information is presented back to the service to inform future planning. Ensures that patient reported outcome measures (PROMs) are shared back with patients/patient groups and support further patient collaboration/ engagement. Supports shared decision-making by providing patients and clinicians with comprehensive information on the outcomes of ATMPs by supplying linked data on PROMs, PREMs and clinical outcomes and a common point of access to this information.	✓	✓	✓	✓	✓
To commission all ATMPs in alignment with national guidance. (Ongoing)	Develop commissioning policies, pathways and designate providers.	Equitable access to effective treatments to maximise survival and quality of life.	✓			✓	

8.7 CROSS CUTTING DELIVERABLES: PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
Inform a future programme of work for a WHSSC Outcomes Framework. (Ongoing)	Carry out an initial feasibility study in order to design a programme of work for Value-Based commissioning.	Develop and collect clinical and process outcome measures (including PROMs and PREMs) to determine treatment effectiveness and enable effective performance management.	✓	✓	✓	✓	✓
To provide WHSSC with a comprehensive and effective medicines optimisation resource. (Ongoing)	Continue to provide a robust and efficient Blueteq process for all medicines that are commissioned by WHSSC.	Strengthens financial governance and supports greater value for specialised medicine spend in NHS Wales.	✓		✓		✓
		Ensures equitable access to medicines across Wales.					
		Improves communication between WHSSC and clinicians.					
	Identify efficiency savings in relation to medicine use.	Identifies any potential savings to currently commissioned treatments.			✓		✓
	Support the WHSSC Individual Patient Funding Request (IPFR) process, providing pharmaceutical advice and the production of evidence reviews as appropriate.	Ensures the IPFR team and WHSSC IPFR panel have access to timely, evidence-based information to assist decision making.	✓	✓	✓		
Continue to provide a robust and efficient policy development process for all WHSSC commissioning activity, ensuring that policies are accurate and accessible. (Ongoing)	Follow the WHSSC methodology for policy development and update, including: • Maintenances of the Policy Register • Effective engagement with WHSSC commissioning teams • Facilitate the effective running of the WHSSC Policy Group • Provision of up to date, high quality evidence to support policy content	Ensures that WHSSC published policies accurately reflect commissioned services, are evidence based and are developed according to published WHSSC methodology.	✓	✓	✓	✓	
		A planned update of the WHSSC 'Policy for Policies' Policy will ensure a consistent, transparent and efficient process is in place for future policy development. This will include new advice on when to issue WHSSC policies for a full public consultation.					

8.7 CROSS CUTTING DELIVERABLES : PLAN

GOAL	METHOD	OUTCOME	STRATEGIC OBJECTIVE				
			1	2	3	4	5
To provide a comprehensive, timely and accurate horizon scanning service (medicines and non-medical technologies). (Ongoing)	Work with external agencies to identify new medicines and non-medical technologies. Inform the WHSSC prioritisation process, WHSSC service development and financial planning within commissioning teams and supports other programmes within WHSSC and across NHS Wales.	Ensures that WHSSC and its commissioning teams have accurate and up-to-date information regarding all new medicines and non-medical technologies, including all mandated NICE and All Wales Medicine Strategy Group (AWMSG) approved medicines.	✓	✓	✓	✓	✓
		Ensures that WHSSC is informed of future potential specialised services/treatments, ensuring that commissioning decisions are supported with robust evidence.					
		Provision of rapid evidence reviews to support prioritisation, policy development and specific projects across WHSSC commissioning teams and programmes.					
To facilitate the annual WHSSC prioritisation process for new interventions and technologies. (Ongoing)	Maintain the annual WHSSC prioritisation process (including optimal methodology) – identify topics, provide comprehensive evidence reviews and ensure appropriate membership of the Prioritisation Panel.	Provides comprehensive, evidence-based decision making on the introduction of new interventions to NHS Wales.	✓	✓	✓	✓	✓

9. THE GOVERNANCE OF THE PLAN

- The Integrated Commissioning Plan is developed within a strong and well established Governance Framework.
- In WHSSC the Joint Committee and Management Group ensure the development of each of the processes that contribute to the plan, and sign off its content and financial implications.
- In WHSSC quarterly reporting against of the plan is scrutinised by the Information Governance Committee, following which a quarterly report is submitted to Welsh Government.
- Delivery of the plan is monitored through WHSSC planning processes, with areas of non-delivery/delay discussed through the WHSSC Performance Management meetings (Service Level Agreement meetings) with service providers.
- The Operating Model for the new Joint Commissioning Committee is to be agreed but arrangements will be put in place for robust monitoring of the delivery of the Plan.

10. QUALITY AND PATIENT SAFETY

WHSSC recognises the key importance of patients being able to access safe, effective specialised services that provide excellent user experience. In line with the statutory Duty of Quality in Wales, the quality of care and experience that patients and their families receive is central to the commissioning of specialised services. A focus on improving the quality of care and population outcomes is everyone's business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning.

The WHSSC Quality Framework was first developed in July 2014 with the purpose of setting the direction for the quality assurance of services and providing a structure for both the commissioning and provider element of specialised and tertiary services for the population of Wales. During 2021, the framework was revised and renamed the Commissioning Assurance Framework (CAF) to encompass all of the components necessary to provide assurance to Health Boards and the public that WHSSC commissions high quality clinical care and there are robust processes in place to monitor services. Where there is a concern regarding the quality of services and remedial action is required, escalation processes are initiated and acted upon in a timely manner. The CAF is supported by the following suite of documents which signal our approach to the robust management of specialised services:

- Performance Assurance Framework,
- Risk Management Strategy,
- Escalation Process; and
- Patient Engagement & Experience Framework.

The aim of the Commissioning Assurance Framework (CAF) is to move beyond the basic infrastructure to the next stage of driving quality assurance and more importantly improvement in our specialised commissioned services. The fundamental principles underpinning the Commissioning Assurance Framework are to develop open and transparent relationships with our providers, to engage and involve the clinical teams and work in partnership with stakeholders when planning and commissioning services. This requires a facilitative and proactive approach where intervention as early as possible is key in order to provide support to services where issues of concern are identified.

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 sets out the steps in the journey of quality improvement and supports the ambitions with 'A Healthier Wales' with the introduction of the Duty of Candour and Duty of Quality Act. The duty of quality requires quality-driven decision-making for all strategic decisions supported by the six domains of quality and six quality enablers which replace the Health & Care Standards. These will form the basis for reporting, decision making, monitoring and reporting on the quality of commissioned services.

11. FINANCIAL PLAN

This financial plan for 2024/25 has been drafted in response to the Welsh Government Financial Framework, Health Board expectations and system affordability for consideration, acceptance and inclusion within Health Boards Integrated Medium Term plans. A robust recurrent assessment has been undertaken based on the inescapable demand and inflationary pressures within the commissioned and contracted services that flows through the Joint Committee on behalf of Health Boards, in conjunction with funding confirmed in the 2024/25 Allocation letter.

Whilst the financial landscape for NHS Wales is challenging, this plan is set as a minimal investment plan and aims to address through baselines, year on year demand growth and relative price increases for the delivery of commissioned and contracted services. It is realistic to assume in the nature of advancing specialised services for our population yet low economies of scale, costs of delivery exceed inflation. An assessment of growth for comparison with NHS England has been undertaken that demonstrated a circa 8% for 2023/24

WHSSC does not have a statutory financial duty as a Joint Committee of all Health Boards, however, it takes very seriously it's responsibility to deliver value for money and contribution to Health Board's financial duty. At month 8 2023/24, the WHSSC financial position contributed £10.4m back to the Welsh Health Boards in support of financial delivery for 2023/24. This has only been delivered in-year through non recurrent opportunities and the pausing or stopping of planned developments due to a significant improvement in Welsh and English performance delivery that is resulting in a £20m cost pressure in the financial performance of said contracts, that was not planned for during the 2023/24 plan. In year costs pressures have been robustly assessed and any provisions for developments during 2024/25 have been robustly risk assessed through the lens of patient safety.

Welsh Government has confirmed a 3.67% allocation uplift to health boards. If this is transacted as a pass through to NHS Wales and England contract providers as in previous years this equates to a £25.7m direct pass through to providers, which is 3.22% of the total uplift required.

The key underlying financial principles that underpin this plan are:

- To realistically address the cost of demand and robustly assess the underlying challenge going into 2024/25
- To prioritise the sustainability of services in NHS Wales by improving productivity and prioritising development provisions for patient safety (CIAG)
- To mitigate in year cost pressures by delivering a robust savings programme reducing potential excess cost in commissioned services
- To develop an opportunities pipeline and work programme that focuses on outcomes and value based healthcare

During the next 12 months a key focus will be to develop and progress with a Value Based and Outcomes Framework for commissioning, that will include intelligence required to support outcomes in commissioning. WHSSC has led two key projects in cardiology and cystic fibrosis services over the past 12 months that has led to the development of a draft methodology. This is a key focus and will be vital to commissioning services sustainably in future.

Finally the updating of the risk share framework used to distribute variation across Health Boards, has been paused during the pandemic years to assist the system with stability during uncertain times. The end of 2023/24, will see two years post pandemic transition and therefore, will potentially provide two clear years of activity and referral data. In that regard, a sub group of the Management Team, could be re-established to revisit and consider whether improvements can be made to the wider risk sharing financial framework.

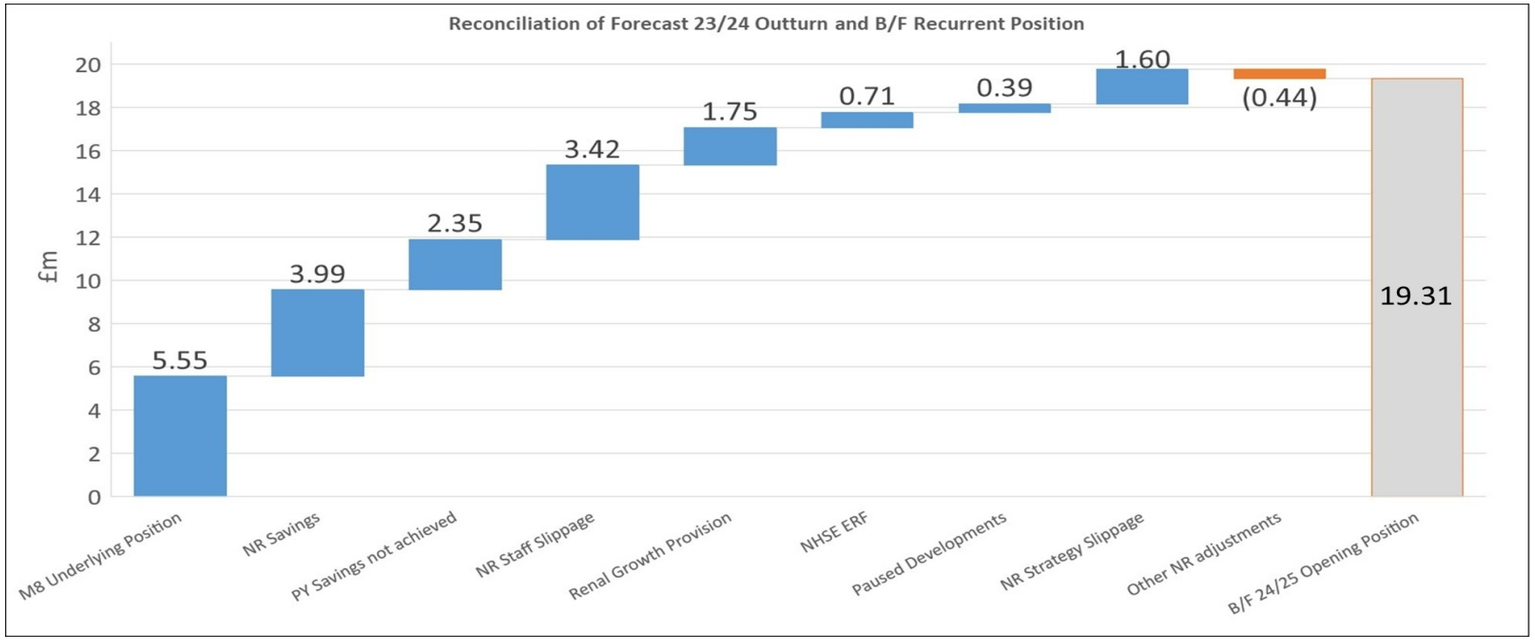
11. FINANCIAL PLAN

The table below provides the financial plan by Health Board for 2024/25. This articulates a core uplift for unavoidable demand and 2024/25 activity trajectory including high costs drugs of £21.838m This assumes delivery of a £10m savings target. There are a number of further Welsh Government income assumptions excluded that will be worked through with Welsh Government colleagues including VERTEX Cysti Fibrosis Drugs, ATMP growth and Genomics Strategy Developments.

	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2024-25 Total Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2024-25 Opening Income (M8)	152.401	167.567	138.495	115.953	90.747	33.107	100.390	798.660
M8 23-24 Outturn Forecast	(1.294)	(1.672)	(2.609)	(1.771)	(1.385)	(0.217)	(0.773)	(9.722)
Reinstate Non-Recurrent Writebacks	2.832	3.150	2.252	2.030	2.005	0.896	2.107	15.274
Adjustments for Non Recurrent Performance	2.619	4.374	3.056	1.692	0.882	0.396	0.742	13.761
Full Year Effect of Prior Commitments	0.356	0.179	0.366	0.243	0.238	0.065	0.351	1.799
B/F Recurrent Position	4.514	6.031	3.065	2.193	1.742	1.140	2.426	21.112
Unavoidable New Activity Growth & Cost Pressures	1.053	1.878	0.978	0.812	0.706	0.225	0.698	6.350
NICE Growth	0.375	0.446	0.317	0.284	0.246	0.084	0.248	2.000
Savings & Re-Commissioning Schemes	**(1.599)**	**(3.061)**	**(1.810)**	**(1.201)**	**(0.883)**	**(0.447)**	**(0.999)**	**(10.000)**
CIAG & Prioritisation Schemes	**0.186**	**0.023**	**0.152**	**0.135**	**0.110**	**0.020**	**0.125**	**0.751**
Strategic Priorities - South Wales Thrombectomy	**0.406**	**0.000**	**0.332**	**0.276**	**0.269**	**0.047**	**0.295**	**1.625**
B/F Deficit, Growth, Savings & Developments	4.935	5.316	3.034	2.499	2.190	1.069	2.794	21.838
NHS E Provider Inflation - Uplift allocation 3.67%	0.787	3.090	0.550	0.538	0.437	0.411	0.469	6.281
NHS W Provider Inflation - Uplift allocation 3.67%	4.088	2.655	3.773	3.173	2.407	0.605	2.729	19.431
ICP Investment 2024-25	9.810	11.062	7.357	6.211	5.034	2.084	5.992	47.550
Total WHSSC Funding 2024-25	162.210	178.629	145.852	122.163	95.781	35.191	106.383	846.210
% Uplift Required	**6.44%**	**6.60%**	**5.31%**	**5.36%**	**5.55%**	**6.30%**	**5.97%**	**5.95%**
% Uplift Required before allocation inflation	**3.24%**	**3.17%**	**2.19%**	**2.16%**	**2.41%**	**3.23%**	**2.78%**	**2.73%**

11. FINANCIAL PLAN

The movement between the 2023/24 underlying position of £5.5m and the 2024/25 carry forward financial challenge of £19.3m is illustrated below:



Developmental spend for the duration of this plan has been kept to a minimum. Previously prioritised but uncommitted expenditure as well as new CIAG schemes for 2024/25 have been assessed and considered in the context of safety risk. Following a robust risk assessment process there are a number of previously identified schemes that have been prioritised for safety reasons that were paused during 2023/24, recommended to be reinstated for 2024/25. This financial plan includes the financial provision for the six highest scoring risk assessed schemes for safety equating to £2.5m in total.

In addition, the current expenditure trajectory to meet demand in certain services are exponentially increasing and therefore increasing cost pressures in the following contributing factors can not be ignored: Therefore, the WHSSC unavoidable cost pressure is currently assessed at £8.350m:

• PET Scan volume and new indications	£1.10m	NICE	£2.00m
• Individual Patient Care – High Cost Drugs	£1.00m	PICU and HDU Reconfiguration	£0.60m
• Macro-economic ISP Inflation	£1.15m	Clinical Immunology & Haemophilia Products	£1.5m

11. FINANCIAL PLAN

Savings - The Welsh Government financial framework requires organisations to deliver a 2% savings target as a minimum. The translation of this to the WHSSC plan has been considered in the context of influence-able spend as it has no direct influence over frontline provider cost base for services delivered. However, WHSSC has assessed this against its Drug, non NHS Wales and Independent Sector expenditure that equates to circa. £400m i.e. a £10m savings target equates to an efficiency target of 2.5%. The table below indicates the area's that will be targeted over the next year to realise this. Any further requirements to deliver further efficiencies will result in a direct deflator to provider contracts within Wales.

Re-Commissioning & Savings	2024/25 £m
Cardiac Surgery re-alignment South Wales	(1.500)
Mental Health Strategy - Reduce OOA & LOS	(1.000)
24/25 Medicines Management	(2.000)
BCU Cardiac contract Rebasing	(0.700)
Cystic Fibrosis - New contract model S Wales	(0.550)
Cystic Fibrosis - New contract model N Wales	(0.150)
Genetics - Repatriate send out tests phase 2	(0.100)
NHS E Referral Management	(1.000)
Additional schemes to be worked through	(3.000)
Total Re-Commissioning and Disinvestment Savings	**(10.000)**

Financial Risks - There are a number of pressures that have not been included within this plan due a realistic assumption around deliverability. These include but are not limited to:

- Further Paediatric outsourcing to maintain waiting times (c. £300k)
- Cryopreservation ovarian/testicular tissue for children at risk of infertility (£500k)
- Stabilising WFI
- English provision for changes to specialist top up's and inflationary increases beyond 3.67%
- Thrombectomy £1.6m has been included for a South Wales development, however there is a risk that patient flows to Bristol remain and grow.

11. FINANCIAL PLAN

Value and Sustainability

During 2023/24 we strengthened our approach to efficiency through the establishment of a Recommissioning and Efficiency Board, with membership from across WHSSC and the 7 Health Boards in Wales. The Board identified areas for focus and delivered savings through a pathway approach. The establishment of this Board provides a robust process for 2024/25 to strengthen the development of an opportunities pipeline with a specific focus on rebalancing long-term ambition and short-term requirements. In line with the NHS Wales financial framework a strengthened management approach will deliver on our increased expectation to implement the outcomes from the Welsh Government Value & Sustainability agenda. Our proposed approach to translating this into national agenda for commissioning is articulated as three key themes:

Technical Efficiency	• Achieve best value out of medicines management • Optimise value from procurement • Review of excess costs of independent sector and private providers
Incentivise Productivity	• Utilisation of contract maximising baseline investment • Maximise risk share to incentivise activity to pre COVID levels as a minimum • Offer referral management incentives to border Health Boards
Value Based Healthcare	• Meet demand appropriately and reduce avoidable demand • Review of individual high cost patients or services and triangulate cost and outcomes • Longer term approach working across NHS Wales and WG

12. ENABLING DELIVERY OF THE PLAN

Digital & Prudent

- WHSSC will expect its commissioned services to be delivered using the most up-to-date technology and innovative approaches, using the best available technology to best meet patients needs.
- The commissioning of WHSSC services overtime has meant that baseline reviews will be needed as a result of initiatives such as patient initiated follow up, see on symptoms etc.

Workforce

- Implementation of the plan will be dependant upon available resource, WHSSC will continue to work with providers to secure high quality staff and seek to mitigate risks in areas of sustainability including outsourcing, insourcing and redistribution of lists.
- WHSSC commissioned services should consider an agile workforce to meet changing workload.

Core Competency

- Developing and delivering commission competency both within and across NHS Wales.
- Enabling a "Once for Wales" commissioning approach – sharing skills and competencies.
- Enhancing the commissioning workforce so as to deliver increasing portfolio of service and responsibilities held by WHSSC
- Re-introduction of Performance Management Framework
- Effective management of business continuity risks

Finance & Value

- Drive forward value based schemes on outcomes and evidence based commissioning and medicines optimisation.
- Prudent use of resource – re-commissioning on the basis of review / new initiatives / drugs (i.e. intestinal failure, neonatal cots, cystic fibrosis)
- Work with Health Boards to performance manage against contract agreements, whilst cognisant of the challenge financial context in NHS Wales.
- Encourage strong recovery trajectories.

Once for Wales

- Shift to strategic commissioning.
- Support NHS Wales where "Once for Wales" makes sense.
- Developing a National commissioning approach.

13. THE NEW JOINT COMMISSIONING COMMITTEE

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities. The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there is scope to improve and strengthen decision making and accountability arrangements.

The Minister accepted all of the review's recommendations and this means that all of the services that a currently commissioned by WHSSC will be commissioned on a national basis by the new Joint Commissioning Committee, to be set up from 1st April 2024. This is the final Integrated Commissioning Plan for specialised services and an important part of the legacy statement for WHSSC.

The new Joint Committee will not simply be a merger of the current functions of EASC, NCCU and WHSSC but will be expected to act as a platform for commissioning of additional services, act as a source of expertise and advice in commissioning, support regional commissioning and build commissioning capacity across the NHS in Wales. As would be expected this aligns with many of the aims and objectives in the Specialised Services Strategy and in our Plan.

Work is underway to establish the new Joint Committee and bring the specialist, expert workforce across all three organisations together. As with any organisational change, there are risks of the transition and this can include staff turnover or other business continuity risks. These are being carefully monitored and any impact on the delivery of the ICP will be reviewed throughout the next year and managed through the new arrangements.

There will also be many opportunities and benefits that will be maximised through enhancing national commissioning within the policy direction set out in A Healthier Wales and we look forward to building on WHSSC's legacy to contribute to the strategic commissioning agenda of the new Committee.

APPENDICES

Appendix A	List of Acronyms
Appendix B	Achievements from 2023/24 ICP
Appendix C	Ministerial Priorities Position
Appendix D	Summary of risk assessments
Appendix E	Detailed Financial Plans
Appendix F	Minimum Data Set

APPENDIX A - List of Acronyms A-Z

ABUHB	Aneurin Bevan University Health Board
ACHD	Adult Congenital Heart Disease
AML	Acute Myeloid Leukemia
ATMPs	Advanced Therapy Medicinal Products
AWLP	All-Wales Lymphoma Panel
AWMGS	All Wales Medical Genetics Services
AWMSG	All Wales Medicine Strategy Group
BCIG	British Cochlear Implant Group
BCUHB	Betsi Cadwaladar University Health Board
BMT	Bone Marrow Transplant
BSRM	British Society Rehabilitation Standards
CAF	Commissioning Assurance Framework
CAMHS	Child & Adolescent Mental Health Service
CAR-T	Chimeric Antigen Receptor T-cell therapy
CF	Cystic Fibrosis
CFTR	Cystic Fibrosis Transmembrane Conductance Regulators
CHfW	Children's Hospital for Wales
CIAG	Clinical Impact Assessment Group
CKD	Chronic Kidney Disease
CNS	Clinical Nurse Specialist
CPTSD	Complex Post-Traumatic Stress Disorder
CTMUHB	Cwm Taf Morganwg University Health Board
CVUHB	Cardiff & Vale University Health Board
DAG	Delivery Assurance Group
DBS	Deep Brain Stimulation Service
ECMO	Extra Corporeal Membrane Oxygenation
ED	Eating Disorder
EMR	Endoscopic Mucosal Resection
ESRD	End Stage Renal Disease
FACS	Forensic Adolescent Consultation Service
GIRFT	Getting it Right First Time
HB	Health Board
HCC	Hepatocellular Carcinoma
HDU	High Dependency Unit
HPB	Hepatobiliary
HPN	Home Parenteral Nutrition
HSCT	Haematopoietic Stem Cell Transplantation
ICBs	Integrated Commissioning Boards
ICC	Inherited Cardiac Conditions
ICP	Integrated Commissioning Plan
IMPTs	Integrated Medium Term Plans
IP&C	Infection Prevention & Control
IPFR	Individual Patient Funding Request
ISP	Independent Service Providers
JC	Joint Committee
JCC	Joint Commissioning Committee
KRT	Kidney Replacement Therapy
LTC	Long Term Conditions
LTV	Long Term Ventilation
MDT	Multidisciplinary Teams
MoJ	Ministry of Justice
MRSA	Methicillin-Resistant Staphylococcus Aureus
MRT	Molecular radiotherapy
MTC	Major Trauma Centre
MTN	Major Trauma Network
NEPTS	Non-Emergency Patient Transport
NGS	Next Generation Sequencing
NHS	National Health Service
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
NPTUHB	Neath Port Talbot University Health Board
NW	North Wales
ODNs	Operational Delivery Networks
PET	Positron Emission Tomography
PH	Pulmonary Hypertension
PIC	Paediatric Intensive Care
PIFU	Patient Initiated follow up
PREMS	Patient Reported Experience Measures
PROMS	Patient Reported Outcome Measures
PTSD	Post-Traumatic Stress Disorder
RTT	Referral To Treatment
SABR	Stereotactic Ablative Radiotherapy
SBUHB	Swansea Bay University Health Board
SIRT	Selective Internal Radiation Therapy
SOP	Standard Operational Procedure
SOS	Seen on Symptom
STEEEP	Safe, Timely, Effective, Efficient, Equitable Patient Centred Care
SW	South Wales
SWTN	South Wales Trauma Network
TAVI	Transcatheter Aortic Valve Implantation
TBC	To Be Confirmed
TIPSS	Transjugular Intrahepatic Portosystemic Stent-Shunt
TOP	Trauma in Older People
TSW	Traumatic Stress Wales
TTP	Thrombotic Thrombocytopaenic Purpura
UHB	University Health Board
VfM	Value for Money
ViHC	Value in Healthcare
WAST	Welsh Ambulance Service Trust
WCBPS	Welsh Centre for Burns and Plastic Surgery
WFI	Welsh Fertility Institute
WG	Welsh Government
WGS	Whole Genome Sequencing
WHSSC	Welsh Health Specialised Services Committee
WIMOS	Welsh Institute of Metabolic and Obesity Surgery
WKN	Welsh Kidney Network
YG	Ysbty Glangwili
YGC	Ysbty Glan Clwyd

APPENDIX B

QUARTER 2
ICP DELIVERY REPORT

Delivering the Integrated Commissioning Plan
For Specialised Services for Wales 2023 – 2024

Quarter 2 Update

WHSSC

"On behalf of Health Boards, to ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales."

Key

Complete | Delayed started | Delayed not started | Not yet due | * Carried over from 22/23

Delayed (paused) due to financial improvement options (10-20-30) | Closed in Quarter due to agreed change to Plan

Updates from Q2 Report in blue text

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status

1. CANCER & BLOOD COMMISSIONING TEAM

Radiotherapy				
Commission the provision of safe and sustainable specialised radiotherapy closer to people's homes by; commissioning additional providers of Stereotactic Ablative Radiotherapy (SABR) within Wales:	Increased access to SABR treatment closer to home for patients in north Wales with lung cancer. Increased sustainability and quality of the radiotherapy service within north Wales through providing modern radiotherapy services enhancing the ability to attract and retain high calibre staff. To provide equitable access for patients in Wales to SABR for the treatment of cancer and improve outcomes in line with clinical evidence.			
Designation process for North Wales		In the context of the Health Board's escalation status in September Management Group agreed a change to Plan for this scheme. Will be for the Health Board to activate the designated		**Q1 – Closed**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
	Equitable access for patients in Wales to molecular radiotherapy (MRT) in alignment with clinical evidence and national guidance (NICE).	provider process when ready.		
Commission new indications for SABR - pelvic, kidney and pancreatic cancer.		Policy development for new SABR indications is on track. Policy Group approval to proceed to consultation in July. Funding in Integrated Commissioning Plan (ICP) available from Q4.		**Q1**
Proton beam therapy (PBT) –craniospinal radiation. Policy development.		Policy for new PBT indication approved for publication at July Policy Group.		**Q1**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Neuroendocrine Tumours (NETS)				
To consider commissioning a provider within south Wales to repatriate the service for patients with NETs (in accordance with WHSSC's designation process).	Radioligand therapy (PRRT) for NET: designation and repatriation to south Wales.	Designation assessment in progress. WHSSC is assured over the quality and sustainability of Velindre Cancer Centre's (VCC) proposal. However further work on-going on costing of the service. Meeting arranged in October to receive revised costs. Further patient engagement will also be required following advice from Llais.	Patients continue to have access to PRRT via the current pathway to Royal Free.	**Q2*.** **Re-profiled for completion Q3**
Autologous Haematopoietic Stem Cell Transplantation for people with previously treated relapsing remitting multiple sclerosis (MS)				
Complete stakeholder consultation and publish commissioning policy updated with new indication.	Commissioned pathway for bone marrow transplant (BMT) for patients with MS	Policy drafted and discussions held with providers over pathway. Corporate Directors Group Board (CDGB) agreed to pause policy to request a	Patients are referred via Individual Patient Funding Request (IPFR).	**Q2***

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
		re-assessment of the evidence base from Health Technology Wales.		
Mesothelioma				
To commission a host health board for Mesothelioma Multi-Disciplinary Team (MDT): Agree service model Undertake provider designation process Identify resources in the system and transfer from Health Boards to WHSSC Funding release and contract agreement	Fully commissioned Mesothelioma service	This development has been paused due to inclusion in the WHSSC's Financial Improvement Options. Results of risk assessment on all schemes will be considered by the Joint Committee in November.	Low impact. Patients have access to treatment via existing pathways.	**Q2 ***
Specialist Radiotherapy Molecular Radiotherapy (MRT)				

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Work to commission MRT in alignment with the all Wales strategic programme and National Institute for Health and Care Excellence (NICE) guidance.	Access to MRT for Welsh patients in line with NICE guidelines	NICE guidance on new MRT treatment currently awaited.	Patients continue to be treated according to existing guidance.	**Q4*** **Ongoing**
Haematology and Immunology				
To implement WHSSC's commissioning remit in haematology and immunology. Establish a project plan to implement the recommendations of the haematology and immunology commissioning review undertaken in 2022/23.	Improved patient access. Improved quality and sustainability.	Joint Committee approved recommendations of the review in May. Project Initiation Document (PID) approved by CDGB and presented to Management Group (MG) for information in July. Project Board and work-streams scheduled, and commencing in October and November. Project due to complete in 2024/25.	Patients continue to be treated according to existing pathways.	**Q4** **Ongoing**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Plastic Surgery				
To develop and agree arrangements for the commissioning of plastic surgery in Wales. To establish project structure and timelines for the re-alignment of commissioning responsibilities between WHSSC and health boards respectively.	Improved capability to innovate and develop pathways to improve patient care and outcomes.	The Project Board met in September. PID and project plan agreed and on-track. Clinical working group scheduled meetings in Sept, Oct and Nov. Project due to complete March 2025.	Patients continue to be treated according to existing pathways.	**Q4** **Ongoing**
Chimeric Antigen Receptors Cell Therapy (CAR-T)				
To work with stakeholders to implement NICE guidance for CAR-T therapies. To develop	Equitable access for patients in Wales to effective treatments to minimise survival and quality of life.	Discussion being arranged with Birmingham with regard to a pathway for referrals from Wales.		**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
commissioning policies and pathways for new CAR-T.				
Strategic Development of Thoracic Services				
To continue to support and work closely with the project led by Swansea Bay University Health Board (UHB) to establish a single thoracic surgery center at Morriston Hospital for the population of South West, East and Mid-Wales.	Equitable access to high quality and sustainable thoracic surgery for the population of Wales.	WHSSC continues to be engaged in the project arrangements as agreed. At Outline Business Case (OBC) development stage. Delivery of thoracic centre in 2026.		**Q4** **Ongoing**
Hepatobiliary Pancreatic (HPB) Surgery				
To work with stakeholders to advance the strategic development of Hepatobiliary (HPB) pancreatic surgery for welsh residents by;	Equitable access to high quality and sustainable HPB surgery for the population of Wales.	The service has not yet been transferred to WHSSC for commissioning and it is unlikely that this will take place in 2023/24. The work is currently being led by the Tertiary and Specialised		**Q4** **Ongoing**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Continuing to work with health boards towards transferring the commissioning of HPB surgery to WHSSC.		Services Partnership Board (jointly led by Cardiff & Vale UHB and Swansea Bay UHB).		

Positron emission tomography (PET)				
Installation of a new fixed digital scanner at Positron Emission Tomography Imaging Centre (PETIC) in Cardiff; Swansea and North Wales in development of a business cases to support new fixed digital scanners.	Increased scanning capacity across Wales to meet growing clinical demand. Increased patients access to high quality facilities, optimum scanning and increased access to clinical trials and other research activity	PETIC's new digital scanner was installed in August 2023 and is successfully scanning patients. The Swansea Bay UHB business case is due to be submitted to Welsh Government in November 2023 and the Betsi Cadwaladr UHB Outline Business Case to be submitted to Welsh Government in October.		**Q2**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Genomics				
Continue to work closely with the All Wales Genomics Service to support the continued strategic development of genetic testing for Wales including the test directory, new pharmacogenetic tests, repatriation and infrastructure development.	To commission access to evidence based genomics in line with NICE guidance and the test directory	Quarterly meetings with the genomics service in place.	Moderate impact	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status

2. CARDIAC COMMISSIONING TEAM

Pulmonary Hypertension (PH) Service				
Improving Access to Pulmonary Hypertension Services by implementing the agreed clinical model Develop a plan to implement the recommendations from 'A Pulmonary Hypertension Service for Wales'. Review demand and capacity needs. Designate a provider. Identify investment requirements.	Satellite service will ensure that Welsh patients are able to access PH care closer to home	Work with Swansea Bay UHB to ascertain costs of satellite service now complete. Draft service specification being revised in readiness for November meeting of WHSSC Policy Group. Whilst work continues the development is included in the WHSSC's Financial Improvement Options. Results of risk assessment on all schemes will be considered by the Joint Committee in November.	Any delay will result in patients continuing to travel to access PH care. Cost implications may necessitate assessment of viability of repatriation compared to impact on patients associated with current provision.	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Inherited Cardiac Conditions (ICC)				
Developing a full service model for the delivery of ICC: Implementation of a service specification for ICC. Continued engagement with clinical working group. Development of a proposal for full service model to link with the Phase 1 investment.		Work to develop service model ongoing, mindful that planned allocation of 4x Clinical Nurse Specialist (CNS) and 4x Administrator posts – who had been intended to drive service. The development is included in the WHSSC's Financial Improvement Options. Results of risk assessment on all schemes will be considered by the Joint Committee in November.	Sub-optimal ICC patient care and risk of regional inequity.	**Q4 ***
Adult Congenital Heart Disease (ACHD)				
Monitor investments into ACHD and work with partners to	Patients on established pathways are able to move between levels of	Monitoring for Q1 complete.	WHSSC will not be assured that the three-phase	**Q1 Complete**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
enable a regional approach.	care in a service that is appropriately staffed and resilient	All phases will be subject to ongoing oversight via Cardiac Services Risk, Assurance and Recovery meetings.	investment in the South Wales ACHD service has delivered its planned outcomes.	
Transcatheter Aortic Valve Implantation (TAVI)				
Review of TAVI procedures Development of optimal service model Re-baseline Cardiac and TAVI Appropriate commission Cardiac Surgery Service	Increased access to appropriate cardiac services.	Phase 1 of the Cardiac review – comprising the planned re-baselining and an analysis of whether the current TAVI policy remains adhered to – is on track to report in November 2023, subject to Health Boards providing requested data in October. Preparatory work for Phase 2 underway, entailing ongoing	Cardiac Surgery and TAVI funding arrangements fail to reflect actual volume of activity TAVI policy may not be fit for purpose in view of evolving interventions for aortic stenosis Continued commissioning of potentially sub-optimal service	**Q3**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
		discussions with Public Health Wales (PHW) and centre for health care evaluation, device assessment and research (CEDAR).	model, impacting on patient care.	
Obesity Surgery				
Support Swansea Bay UHB to deliver commissioned activity. Work with Aneurin Bevan UHB to develop proposals for the health board to become a provider of obesity surgery.	Delivery of the Welsh Government's All Wales Obesity Pathway.	The Welsh Institute of Metabolic and Obesity Surgery (WIMOS) provided by Swansea Bay UHB submitted an investment scheme to the Clinical Impact Assessment Group (CIAG) 2023 process. WHSSC continues to meet with and support the service, and will seek to highlight delivery risks subject to the outcome of CIAG.	Risk that patients from South Wales will not be able to access obesity surgery in a timely manner. Risk that WHSSC commissioned services would not be sufficient to meet demand progressing from Level 3 services, mindful of Welsh Government investment in the National Healthy Weight Pathway and the number of newly	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
		A proposal submitted by Aneurin Bevan UHB will be assessed by means of the Designated Provider Framework, but further development is stopped as a result of the 10/20/30 work and ongoing risk assessment. The results of risk assessment of all schemes will be considered by the Joint Committee in November.	implemented Health Board Level 3 services.	

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status

3. MENTAL HEALTH & VULNERABLE GROUPS

Mental Health Strategy				
Improve all specialist mental health services for Welsh residents. Implement ation of Year 1 of the specialist service strategy for Mental Health. This includes but is not restricted to the priorities outlined below Establish the programme arrangements for the strategy	People requiring specialist mental health services have higher quality services closer to home	Demand and Capacity report received in October 2023. Strategy will be developed during Q3 for publication during Q4.	Development of final strategy delayed and therefore implementation delayed. Urgent work will continue to minimise impact to patients, however some work will be delayed during year 1 of the strategy.	**Q3**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Eating Disorders (ED)				
Commission sustainable provision for Eating Disorders.	Welsh residents have access to high quality eating disorder provision	Discussions ongoing with new independent sector unit in South Wales due to open in October 2023 to secure beds. These beds are likely to be on Framework subject to assessments by Quality assurance improvement service (QAIS) and Healthcare Inspectorate Wales (HIW). Discussions initiated with Cheshire and Wirral Partnership (CWP) Trust NHS England to secure beds for North Wales patients.	Patients continue to be placed outside of Wales due to no provision being available within the Welsh Borders	**Q2**
Secure short term provision.		Discussions ongoing with new independent sector unit in South Wales due to open in October 2023 to secure beds.	Service provision continues with placements added to framework where possible.	**Q3**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
		Discussions initiated with Cheshire and Wirral Partnership (CWP) Trust NHS England to secure beds for North Wales patients		
Options appraisal on further model			Robust service provision delayed. Service provision continues with interim service model	**Q3**
To enhance the patient pathway and flow between differing components of the secure service for both men and women (inclusive of patients with a learning disability) by;	Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system.	Single Commissioner for Mental Health Secure Services project PID approved and project manager appointed. Project Initiation underway. The project will include further pathways modelling to form part of the Mental Health Specialised Services Strategy for men,		**Q4** **Ongoing into 24/25**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
		women, and people with learning disabilities.		
Establish a programme		Programme to implement the Mental Health Specialised Services Strategy currently being developed in line with the final strategy.		
Commission demand and capacity analysis		Final Demand and Capacity Report received October 2023.		
Assess the impact of commissioning all secure service provision for mental health patients in Wales		Complete. Single Commissioner for Secure Mental Health project initiated.		
Identify lead commissioner		Complete. WHSSC Identified as lead commissioner.		

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Mother and Baby Unit (MBU)				
To ensure mothers requiring specialist mental health services have access in a timely way by:	Mothers requiring support are able to access this as close to home as possible in a timely manner.	No Q2 Update		**Q4**
Implement the findings of the review into the Mother and Baby Unit in Tonna		Recommendations to continue Tonna service provision.		
To work with NHS England on the Mother and Baby Unit for North Wales patients		Project to develop Mother & Baby Unit with Cheshire and Wirral Partnership underway with 2 beds commissioned for Welsh patients - due to open Autumn 2024.		
Child and Adolescent Mental Health Service (CAMHS)				
To ensure that CAMHS services are available	Increased access to high quality CAMHS	WHSSC CAMHS Tier 4 Inpatient Service		**Q3**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
and delivered in compliance with the WHSSC service specification Scope and make proposals on CAMHS in-patient service provision	services for Welsh residents.	Specification has been revised and consulted upon. Consultation comments currently being reviewed prior to publication in Q3.		
Gap analysis and work force models Implementation and resourcing plan Agree with Welsh Government and Health Boards (HBs) any further developments to inpatient services	Implementation of Service Specification	WHSSC CAMHS Tier 4 Inpatient Service Specification has been revised and consulted upon. Consultation comments currently being reviewed prior to publication in Q3. Significant progress made at both units have resulted in both coming out of escalation.	Current CAMHS service specification in place and impact minimal. Work ongoing to revise the service specification in line with timeframe.	**Q3***

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Gender Services				
Take forward release of agreed financial resource in order to increase capacity in the Welsh Gender Service	To ensure that Welsh residents have access to non-surgical gender identity services in a timely manner.	The development is included in the WHSSC's Financial Improvement Options. Results of risk assessment on all schemes will be considered by the Joint Committee in November. The investment is currently paused.	It will take longer to reduce waiting times if demand stays the same. If demand on the service increases, waiting times could potentially increase.	**Q2**
Continue to monitor and address the waiting list for new and follow up patients.	To ensure that Welsh residents have access to non-surgical gender identity services in a timely manner.	WHSSC are currently exploring the repatriation of open cases from the London Gender Identity Clinic (GIC) to reduce waiting times between appointments for those patients.	Open cases will continue to be under the care of the London GIC but may have longer waiting times between appointments.	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
To commission high quality timely Gender Identity Development services for Children and Young People (CYP) in Wales:	Children and young people in NHS Wales have timely access to Gender Identity Development Services	WHSSC continue to participate in the transformation work programme to help ensure a future sustainable and evidence-based service for the children and young people of Wales.	This is essential and in place.	**Q4**
Seek to secure a regional provider in Wales		University Hospital Bristol are progressing with plans to become a phase 2 provider for Children & Young People Gender Services. WHSSC and NHS England have agreed to set up a work programme with Bristol Children's Hospital to start explore a future model for Wales which will include representation from the Children's Hospital for Wales. An initial meeting between all parties took place on the	Service will still be provided to Welsh CYP through the phase 1 providers based in North and South of England.	

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
		27th September. Cardiff and Vale University Health Board were represented at the meeting.		
Manage risk and continuity of service as a result of the signalled termination of service from the Tavistock and Portman NHS Foundation Trust in NHS England.			This is essential and in place	
Continue to represent the interests of welsh residents and NHS Wales through the NHS England Children's Gender Dysphoria Work Programme and Work streams			This is essential and in place.	

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Forensic Adolescent Consultation and Treatment Service (FACTs)				
To formally commission Forensic Adolescent Consultation and Treatment Service (FACTS for Youth Offending Teams (YOTS)	Children and young people in the Youth Offending Team system have access/increased access to Forensic Adolescent Consultation and Treatment Services	The Youth Justice Board (WHSSC commissions this service on their behalf) has requested an evaluation of the current service. WHSSC is convening a working group to agree the terms of reference to inform an evaluation of the current service and development of a service specification.	There will be minimal impact as the service is currently in place with no performance or quality concerns.	**Q2 (Re-profiled to Q4)** **(potentially ongoing into 2024-25)**
Develop and consult on a service specification for Forensic Adolescent Consultation and Treatment Service (FACTs) advice , guidance and consultation to Youth		The development of a service specification has been re-profiled from Q2 to Q4 so a service evaluation can be undertaken.		

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Offending Team service. (YOTs)				
Transfer of Welsh Government additional 'funding arrangement' to formally commissioned service against the service specification	Additional funding included in the Cwm Taf Morgannwg University Health Board Service Level Agreement (SLA)	WHSSC are liaising with Welsh Government to reflect the additional funding in the Cwm Taf Morgannwg SLA		
WHSSC are working with Cwm Taf Morgannwg UHB and key stakeholders on the development of a draft FACTS (for CAMHS) service specification.	Specification published.	Specification published in September 2023	Service is already operational, no direct impact on delivery.	**Q2***
Specialist Gambling Addiction Service				
To explore the commissioning of a Specialist Gambling Addiction Service for	Increased access to specialist support for people with gambling addiction across Wales	Welsh Government has advised that they are looking to set up set up an advisory group to look at the review of the	No implication as this would be a new service. Health Needs Assessment	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
the population of Wales Scope what may be required Needs assessment enabled Present commissioning options to Welsh Government Subject to consideration, commission (needing identification of associated resources both staff and finance		Gambling Act 2005 which will include the consideration of a specialised gambling addiction service. Welsh Government will advise on next steps. Timescales have not been indicated.	indicated the need to address lower tiers of the pathway initially.	
Learning Disability				
Implementation of the recommendations from the individual patient reviews report.	Identified recommendations following the individual patient reviews report.	Action plan being developed to take forward the recommendations from the individual patient reviews report, as appropriate to the WHSSC	Minimal impact patients still receiving care	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
		portfolio as part of the strategy.		
Secure inpatient capacity for patients with Learning Disabilities	Action plan to be in place for patients with Learning Disabilities	Action plan being developed as part of the strategy for access to secure inpatient beds for Welsh Residents with a learning disability.	Patients continue to receive care	**Q4**

4. NEUROSCIENCES AND LONG TERM CONDITIONS COMMISSIONING TEAM

Cochlear Implants				
Repatriation of Adolescent Paediatric Cochlear Implant Patients from Manchester	A more local and accessible service for Paediatric Cochlear Implant patients in the North Wales region	WHSSC served formal notice to Manchester University NHS Foundation Trust in September 2023 (Q2) and on 1st March 2024 the new commissioning arrangements will commence.	Patients will need to continue to travel to Manchester.	**Q1***

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Tertiary Thrombectomy Services in South Wales and development of Hyper-Acute Stroke Units (HASUs)				
Address long term commissioning arrangements. Ensure sustainability, deliverability and access of the Mechanical Thrombectomy service. Improve patient outcomes with the development of a more local regional centre.	Delivery of thrombectomy for the South Wales population	Phased plan and position statement presented to Joint Committee in 2022/3. Initial stage completed through joint work with Bristol. Business Case received from Cardiff in Q2, due diligence being undertaken and will be presented to Management Group in Q3. High priority – not included in the Financial Improvement Options.	Service will continue to be delivered in Bristol	**Q1* (Re-Profiled to Q3)**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Specialist Auditory Hearing Service				
Clinical engagement - Undertake a targeted engagement process in line with guidance on NHS service changes in Wales. Progress change as a result of the outcome of the engagement process.	Increases access to specialist auditory hearing services for the population of South Wales.	Joint Committee – approved Engagement Outcome and next steps paper (May 2023). Project Timeline paper completed and approved by Management Group – implementation on-track with high-level timeline. Designated Provider process to establish single centre site and outreach provision underway.	Patients continue to receive care from existing providers	**Q1 Completed.** **Q2 Completed.**
		Draft service specification out for consultation, consultation to close October 2023.		**Q3**
		Designated Provider process.		**Q3**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Spinal Surgery				
Strengthened Spinal Surgery clinical pathway to reduce the high number of emergency radiotherapy cases and mitigate the risk of patients failing to receive surgical and radiotherapy in a timely manner. Developing a Business case for two Metastatic Spinal Cord Compression Co-ordinators (MSCC) for South East and West Wales.	Reduction in patient safety concerns. Reduction of risk of paralysis and pain associated with spinal metastases. Delivery of care in a timely manner Ability to meet the National Institute for Health and Care Excellence (NICE) Clinical guideline (CG75	Metastatic Spinal Cord Compression Co-ordinators (MSCC) business case received in August 2023 and WHSSC funding release approved by Management Group in September 2023; funding release letter to be issued imminently. Recruitment of posts and subsequent delivery of strengthened pathway to be monitored via the South Wales Spinal Network Implementation Board. High priority – not included in the Financial Improvement Options.	Medium impact – strengthened of spinal Surgery clinical pathway will be delayed, pending recruitment of planned Metastatic Spinal Cord Compression Co-ordinators	**Q1 (delayed until Q2) Completed**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Specialised Rehabilitation Strategy				
To provide a sustainable and equitable delivery model across Wales for Specialist Rehabilitation Services. To work towards achieving national standards.	Explore the development of a Rehabilitation network across Wales. To commission a hyper acute assessment unit for the South Wales region. Review and recommission services on a systematic basis to promote safe, sustainable and high quality service model.	Project structure enabled First Draft anticipated Q2 however delayed due to team capacity – now re-profiled to Q4.	Medium impact.	**Q2* (Re-profiled to Q4)**
Neuro-rehabilitation service				
Develop a safe and sustainable Neuro-	Strengthened clinical pathway ensuring	Scheme approved and included in the Integrated	Medium impact.	**Q2 (Delayed to Q3)**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
rehabilitation service for the South West Wales region which meets national standards and improves the flow of patients through the clinical pathway. Development of an All Wales Specialist Rehabilitation service specification. Development of a Business Case for workforce investment. Agree quality standards to measure and mprove patient outcomes and experiences.	timely access to specialised rehabilitation treatment.	Commissioning Plan 2023/24. Business case to be received from the service. Funding Release paper to be submitted to Management Group - Quarter 3.		

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Development of the Case Manager role and establishment of the Rehabilitation coach posts.				
Enhanced Prolonged Disorders of Consciousness (PDOC) care Pathway				
Development of an All Wales Specialist Rehabilitation service specification which will include PDOC pathway. Development of a Business Case for workforce investment. Agreement of quality standards to measure and improve patient	Robust clinical pathway for patients with Prolonged Disorders of Consciousness that meets national standards and the National Clinical Guidelines (2020)	Business case being developed by Cardiff & Vale UHB, this is delayed from the provider and has therefore been re-profiled for Q3.		**Q2 – (Re-profiled to Q3)**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
outcomes and experiences.				
Neurosurgery				
Progress outstanding actions to take forward a Neurosurgery Business case. Equitable access and sustainability and improve the delivery model. Increase theatre capacity and address workforce gaps. Improve access and outcomes.	Sustainable service that meets demand requirements.	Business Case received in August 2023. The development is included in the WHSSC's Financial Improvement Options. Results of risk assessment on all schemes will be considered by the Joint Committee in November.	Minimal impact	**Q2***

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Review commissioning arrangements of some services.				

5. WELSH KIDNEY CLINICAL NETWORK

Increasing Capacity of Unit Dialysis				
Commission additional capacity for unit dialysis patients within the South West Wales region. Focussing on the Neath Port Talbot (NPT) and Bridgend area. The dialysis offering will be on an off-site* location and the need will be incorporated into the ongoing tender which is looking at the whole of the South West Wales (SWW) regional service led by	New purpose built dialysis units that will increase the opportunity for patients to undertake dialysis near to home. By increasing the capacity will have a positive effect on the current unit dialysis service that is being offered via Morriston site, by reducing number of twilight shifts in operation. Releasing pressure off existing staff.	Awarded contractor has encountered delays in securing the original identified sites (Bridgend and Neath Port Talbot) as per the tender process. As of September sites are on track with a completion circa Quarter 3 2024. New dialysis equipment now in Swansea Bay U sites with equipment anticipated by November 2023 for Hywel Dda footprint.	Medium impact Delay in programme will prevent increasing capacity.	**Q4***

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Swansea Bay UHB and undertaken by NHS Wales Shared Services Partnership (NWSSP) Procurement Services. **off-site is a non NHS DGH site*		Funding release agreed for consumables, equipment and a level of staffing.		
Unit Dialysis Growth				
Close monitoring of activity levels enabling robust forecasting. Historical trends indicate this remains steady at 4% year on year growth.	Sustainable service that meets demand requirements.	Actions are on track	Minimal impact on funding flow. Medium impact on regional areas managing and flexing the workforce to meet increased demand.	**Q4**
Get It Right First Time (GIRFT) Report				
Consider & implement GIRFT report	Best practice and equity of service is maintained with any	Actions are on track, partnership within the leads within the RSP	Minimal impact	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
recommendations as they apply to Wales. Partnership approach with NHS England Renal Transformation Programme (RSP) to ensure alignment with best practice.	inequities in workforce across Wales addressed.	covering the following areas; Workforce & Acuity reporting Demand and Capacity modelling and reporting		
Digitalisation of Kidney Care Services				
Building on the experience gained from the Transformation Programme to enable full roll-out of innovation across Wales	Parity of digitalisation achieved across all services in Wales.	Actions are on track	Minimal impact	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Home Dialysis Strategy				
Finalise draft strategy through engagement with stakeholder and drawing the learning from the home dialysis peer reviews.	Strategy adopted and procurement framework to enable delivery of a sustainable, equitable, fit for purpose home dialysis service.	Actions are on track. Strategy in draft format. Existing home dialysis framework extended up to December 2024.	Minimal impact	**Q4**
Organ Donation and Transplant				
Value in Healthcare programme to support the delivery of the Organ Donation and Transplant Plan for Wales by; Utilising a Programme Management Office approach to establish a stakeholder Project Board to deliver the value in Healthcare programme.	Pre-habilitation programme adopted	Actions are on track. Regional approaches agreed	Minimal impact	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status

6. WOMEN AND CHILDREN COMMISSIONING TEAM

Paediatric radiotherapy				
To engage with stakeholders in Wales and NHS England with regard to a sustainable service model for paediatric radiotherapy as locally as possible.	Provide a sustainable service model for paediatric radiotherapy as locally as possible.	In progress	Patients continue to access treatment via existing pathways.	**Q4***
		North Wales: new pathway to Christie Hospital, Manchester, commenced in Q1 2023/24. Llais have been advised of pathway change.		**Q1* Completed**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Neonatal Transport service				
Agree the service model for a neonatal transport service. Operational Delivery Network implementation can now proceed.	Patients have access to a 24/7 Neonatal transport service.	Commissioned provider has written to WHSSC to confirm that they are no longer in a position to deliver the Operational Delivery Networks (ODN). The development is included in WHSSC's Financial Improvement Options. Results of risk assessment on all schemes will be considered by the Joint Committee in November.	Interim model remains in place, there is a risk to workforce sustainability due to uncertainty.	**Q1***
Paediatric Infectious Diseases				
Development of a business case	Equitable access with equitable waiting times for all patients monitored through activity numbers and	The development is included in the WHSSC's Financial Improvement Options. Results of risk assessment on all schemes will be	Currently commissioned Health Board to Health Board therefore risk minimal and	**Q1 (Re-profiled to Q3)**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
	waiting times for treatment	considered by the Joint Committee in November.	current service is still operational.	
Paediatric Orthopaedic Surgery				
Undertake Needs assessment and gap analysis to inform future requirements.	Entire Paediatric Orthopaedic Surgery pathway is commissioned effectively.	The development is included in the WHSSC's Financial Improvement Options. Results of risk assessment on all schemes will be considered by the Joint Committee in November.	Currently commissioned Health Board to Health Board therefore risk minimal and current service is still operational.	**Q2**
Specialised Paediatric Spinal Surgery				
Undertake Needs assessment and gap analysis to inform future requirements	Patients across South and West Wales have timely access to surgical treatment.	Released investment to support Clinical Nurse Specialist to service. The rest of the scheme is included in the WHSSC's Financial Improvement Options. Results of risk assessment on all	Currently commissioned Health Board to Health Board therefore risk minimal and current service is still operational.	**Q2 ***

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
		schemes will be considered by the Joint Committee in November.		
High dependency services				
Commission High Dependency Services for children accessing specialised services through the development of a business case.	Reduction in refusal rates monitored through activity	Financial Framework being considered through escalation processes on Paediatric Intensive Care Unit (PICU) and Cardiff & Vale UHB as services are interdependent.		**Q3**
Paediatric Strategy -Service Reviews				
Review 3 services – Paediatric Cleft Lip and Palate (CLP) Paediatric Nephrology Paediatric Oncology	Improved access to Paediatric Services for all patients across Wales Equitable waiting times for patients accessing	Work to start in Q3		**Q3** Paediatric CLP

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
in detail to ensure: Detailed access criteria Ensure sufficient MDT capacity to meet demand. Quality indicators in line with the Safe, Timely, Effective, Efficient, Equitable and patient-centred care (STEEEP) Quality Frameworks Equitable access to high quality in-reach and outreach provision Contractual arrangement is fit for purpose Review one service per quarter	both in-reach and outreach services Sustainable staffing levels that meet the needs of the paediatric population			**Q4** Paediatric Nephrology
				Q4 Paediatric Oncology

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Published service specification for each reviewed service Contract rebasing for each reviewed service Individualised Quality Indicators published and reported against for each reviewed service Sustainable workforce model for each reviewed service				
Paediatric Surgery				
Develop Specialised Paediatric Surgery service specification, ensuring clear access and exclusion criteria	Clear access criteria for specialised paediatric surgery	Work to start in Q3.		**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Clinical engagement Clinical workshop Consideration by Policy Group and formal consultation.				

7. VALUE, EFFICIENCY AND RE-COMMISSIONING

Progress schemes aimed to address value (outcomes)				
Advance Therapy Medicinal Products (ATMP) outcomes project; Prehab for chronic kidney disease; Neonatal discharge Project; Neonatal surgical outreach nurse; Paediatric Oncology 'All in it together'	Increased value (both outcome and cost) and prudent use of resource	Appointment of the ATMP Outcomes Programme Manager complete (August 2023). ATMP Programme infrastructure being developed.	Reduced emphasis on value and outcomes in WHSSC	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Intestinal Failure				
Review bed base and costs	Increased access Increased clinical and patient satisfaction	A review of the top 10 patients with high Lengths of Stay (LOS) has been undertaken in Cardiff & Vale UHB. This has led to actions for both provider and commissioner Health Boards with regard enhancing flow and reducing LOS. The activity has also led to a potential cost avoidance of approx. £1m		**Q1**
Review increasing nursing costs		A review of nursing costs with the private provider has been undertaken and proposals on potential re-provision within the NHS will be developed and considered within Q2		**Q1**
Identify cross pathway opportunities for cost reduction and efficiencies				
WHSSC and Health Boards to develop a plan to identify	Cost reduction and increased efficiencies	Recommissioning and Efficiency Board established	Funding deficit	**Q1-4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
pathway wide cost reduction and increased efficiencies		Range of savings/efficiencies schemes identified		
Increased focus on medicines optimisation				
Clear programme of activity Focused areas for value based schemes Increased focus on evidence based prescribing and procurement (Blueteq)	Value based commissioning and more prudent use of resource Wider and more timely access to medicines Increased information for policy development	Recent, permanent appointment of a Lead Medicines Management Pharmacist (8b). Funding already approved for a Band 8a Pharmacist and Project Support role (5) High quality and timely medicines optimisation advice to WHSSC Teams to inform policy development, ensure access to commercial discounts and rebates and evidence-based decision making. Significant progress in the roll out of Blueteq to all WHSSC commissioned medicines, ensuring evidence based prescribing	Increased costs	**Q4***

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
		and effective procurement and approval of medicines.		

APPENDIX C

MINISTERIAL PRIORITIES POSITION

Priority area(s) to deliver 24/25: Planned Care and Cancer, with a focus on reducing the longest waits.				
Key focus should be on delivering	Plastic surgery waiting times – Swansea Bay UHB (to be completed on receipt of plastics delivery plan 2024/25)			
Ref:	**Indicate if new priority or continued from 23/24**			
	Continued from 23/24. Note: delivery plan required from the provider in order to set out trajectory for 2024/25.			
Ref:	**Resume of planning Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
				Forecast breach of 104 weeks: circa 120 patients
Progress synopsis				Reduced from 651 patients
Ref:	**Outcomes of delivering Ministerial Priorities:**			
Ref: **Overarching outcome measures/ metrics:**				
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: **Planned Milestones 24/25**				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Trajectory tbc	Trajectory tbc	Trajectory tbc	Trajectory tbc
Risks	**Risks of Non-Delivery**			**Mitigations**
	Risks to Delivery			**Mitigations**
Critical Enablers	**Finance**			
	Funded through JCC SLA			
	Workforce			
	Digital			
	Other (Specify)			
Prevention & Population Health	**Opportunities identified**			

Priority area(s) to deliver 24/25: WHSSC Commissioned Cardiac Surgery				
Key focus should be on delivering	Reduced the waiting times cardiac surgery patients; equity of waiting times for all Welsh patients			
Ref:	**Indicate if new priority or continued from 23/24**			
	Continued priority			
Ref: Number of patients waiting more than 104 weeks for referral to treatment	**Resume of planning Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Achieved	Achieved	Achieved	Achieved
Ref:	**Outcomes of delivering Ministerial Priorities:**			
Number of patients waiting more than 52-week for a new outpatient appointment – improvement trajectory towards a national target of zero	The three WHSSC-commissioned cardiac surgery centres are currently delivering the 52-week outpatient target.			
Number of patients waiting more than 36 weeks for a new outpatient appointment – improvement trajectory towards a national target of zero				
Number of patients waiting more than 104 weeks for referral to treatment – improvement trajectory towards a national target of zero	The three WHSSC-commissioned cardiac surgery centres are currently delivering the 104-week inpatient target for paediatric surgery			
Number of patients waiting more than 52 weeks for referral to treatment – improvement trajectory towards a national target of zero	The three WHSSC-commissioned cardiac surgery centres all have plans in place to meet the 52-week inpatient target and trajectories are currently on track, noting that each centre faces different challenges in respect of delivery.			
Ref: **Overarching outcome measures/ metrics:**				
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: **Planned Milestones 24/25**				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

Cont.

Priority area(s) to deliver 24/25: WHSSC Commissioned Cardiac Surgery	
Key focus should be on delivering	Reduced the waiting times cardiac surgery patients; equity of waiting times for all Welsh patients

Risks	**Risks of Non-Delivery**	**Mitigations**
	• Impact of concurrent service pressures • For service commissioned from Liverpool Heart and Chest Hospital, evident pressures on delivery of cardiac surgery across NHSE	Service planning
	Risks to Delivery	**Mitigations**
	• Planned relocation of CVUHB cardiothoracic surgery from UHW to UHL • Efficacy of referral pathway into cardiac surgery centres	- Robust plans for relocation - Performance management
Critical Enablers	**Finance**	
	• Resource to support commencement of 6th CVUHB cardiac surgeon (in place)	
	Workforce	
	• 6th CVUHB cardiac surgeon • Scrub staff	
	Digital	
	Other (Specify)	
Prevention & Population Health	**Opportunities identified**	

Priority area(s) to deliver 24/25: WHSSC Commissioned Obesity Surgery				
Key focus should be on delivering	Reduced the waiting times for Obesity Surgery patients, with particular focus on those BCUHB and North Powys patients currently referred to Salford Royal Hospital			
Ref:	**Indicate if new priority or continued from 23/24**			
	Continued priority			
Ref: Number of patients waiting more than 104 weeks for referral to treatment	**Resume of planning Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Achieved	Achieved	Achieved	Achieved
Ref:	**Outcomes of delivering Ministerial Priorities:**			
Number of patients waiting more than 52-week for a new outpatient appointment – improvement trajectory towards a national target of zero	The WHSSC-commissioned obesity surgery centres are currently delivering the 52-week outpatient target, although there are concerns with Salford Royal Hospital relating to continued compliance.			
Number of patients waiting more than 36 weeks for a new outpatient appointment – improvement trajectory towards a national target of zero				
Number of patients waiting more than 104 weeks for referral to treatment – improvement trajectory towards a national target of zero	The WHSSC-commissioned obesity surgery centres are currently delivering the 104-week inpatient target for paediatric surgery, although there are concerns with Salford Royal Hospital relating to continued compliance			
Number of patients waiting more than 52 weeks for referral to treatment – improvement trajectory towards a national target of zero	SBUHB has robust plans in place to meet the 52-week inpatient target and trajectories are currently on track; although Salford Royal Hospital have indicated a wish to reduce waits, they have advised that the waiting list position is unlikely to improve in the short to medium-term			
Ref: **Overarching outcome measures/ metrics:**				
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: **Planned Milestones 24/25**				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

Cont.

Priority area(s) to deliver 24/25: WHSSC Commissioned Obesity Surgery	
Key focus should be on delivering	Reduced the waiting times for Obesity Surgery patients, with particular focus on those BCUHB and North Powys patients currently referred to Salford Royal Hospital

Risks	**Risks of Non-Delivery**	**Mitigations**
	• Risks relate primarily to service commissioned from Salford Royal Hospital, where concurrent service pressures have significantly increased waits for BCUHB patients • For WIMOS, capacity concerns relating to dietetic and psychological provision	- Exploring potential for BCUHB patients to be referred to WIMOS - Proposed commissioning of an alternative English provider
	Risks to Delivery	**Mitigations**
	• Needs of patients who have undergone procedures overseas being referred into Level 4 services for post-operative follow-up or revisional procedures for whom there is currently insufficient capacity, thereby impacting on delivery of procedures for patients who have been referred to Level 4 via the Weight Management Pathway	- Awaiting Welsh Government position statement
Critical Enablers	**Finance**	
	• Support for additional dietetic and psychology staff (WIMOS)	
	Workforce	
	• Need for additional dietetic and psychology staff (WIMOS)	
	Digital	
	Other (Specify)	
	• Clarity around role of WHSSC-commissioned Level 4 services in respect of post-operative follow-up for patents who have undergone procedures abroad	
Prevention & Population Health	**Opportunities identified**	
	• Remains evident appetite to increase Level 4 provision in Wales in the event that required financial support can be identified	

Priority area(s) to deliver 24/25: Other Specialised Cardiac Services				
Key focus should be on delivering	Reduced the waiting times for specialised cardiac services patients; equity of waiting times for all Welsh patients, mindful of significant difference in the form and scale of services commissioned from the health boards			
Ref:	**Indicate if new priority or continued from 23/24**			
	Continued priority			
Ref: Number of patients waiting more than 104 weeks for referral to treatment	**Resume of planning Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Achieved	Achieve	Achieved	Achieved
Ref:	**Outcomes of delivering Ministerial Priorities:**			
Number of patients waiting more than 52-week for a new outpatient appointment – improvement trajectory towards a national target of zero	The majority of WHSSC-commissioned specialist cardiac services are currently delivering the 52-week outpatient target.			
Number of patients waiting more than 36 weeks for a new outpatient appointment – improvement trajectory towards a national target of zero				
Number of patients waiting more than 104 weeks for referral to treatment – improvement trajectory towards a national target of zero	The vast majority of patients waiting less than104 weeks for referral to treatment, with positive trajectories evident			
Number of patients waiting more than 52 weeks for referral to treatment – improvement trajectory towards a national target of zero	Majority of WHSSC-commissioned services have plans in place to meet the 52-week inpatient target and trajectories are currently on track.			
Ref: **Overarching outcome measures/ metrics:**				
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ref: **Planned Milestones 24/25**				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

Cont.

Priority area(s) to deliver 24/25: Other Specialised Cardiac Services	
Key focus should be on delivering	Reduced the waiting times for specialised cardiac services patients; equity of waiting times for all Welsh patients, mindful of significant difference in the form and scale of services commissioned from the health boards

	Risks of Non-Delivery	**Mitigations**
Risks	• Impact of concurrent operational pressures • Sustained increase in referrals post-Covid	- Service planning and continued monitoring
	Risks to Delivery	**Mitigations**
	• South Wales Cath lab capacity and condition • Regional inequity arising from different forms of commissioned services (e.g. WHSSC-commissioned device services)	- Network undertaking work looking at regional cath lab capacity - SBUHB undertaking cath lab estates works - Planned review of device services
Critical Enablers	**Finance**	
	• Resource to support SBUHB cath lab estates works (in place)	
	Workforce	
Prevention & Population Health	**pportunities identified**	
	Work to explore regional cath lab capacity may identify potential for greater collaborative and regional working	

Priority area(s) to deliver 24/25:	
Key focus should be on delivering	**Reduced the waiting times for Neurosurgery patients; equity of waiting times for all Welsh patients**

Ref:	**Indicate if new priority or continued from 23/24**			
	Reduced the waiting times for Neurosurgery patients; equity of waiting times for all Welsh patients			
Ref:	**Resume of planning Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Number of patients waiting more than 104 weeks for referral to treatment				

Ref:	**Outcomes of delivering Ministerial Priorities:**
1. Number of patients waiting more than 52-week for a new outpatient appointment – improvement trajectory towards a national target of zero	The CVUHB Neurosurgery Centre is currently delivering the 52 week outpatient target. The Walton centre is currently not delivering this target.
2. Number of patients waiting more than 36 weeks for a new outpatient appointment – improvement trajectory towards a national target of zero 3. Number of patients waiting more than 104 weeks for referral to treatment 4. Number of patients waiting more than 52 weeks for referral to treatment – improvement trajectory towards a national target of zero	There are no patients waiting >104 weeks at both commissioned centres. C&V UHB centre are currently delivering the 52 week inpatient target. The Walton centre will have all 52 week waits cleared by March 2024.

Ref: **Overarching outcome measures/ metrics:**				
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

Ref: **Planned Milestones 24/25**				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

Cont.

Priority area(s) to deliver 24/25:	
Key focus should be on delivering	**Reduced the waiting times for Neurosurgery patients; equity of waiting times for all Welsh patients**

Risks	**Risks of Non-Delivery**	**Mitigations**
	Service pressures within the Walton Centre for the Pain Service.	**Service Planning**
	Risks to Delivery	**Mitigations**
	C&V business case to improve Neurosurgery Sustainability to support service challenges. Proposal currently stopped.	**Performance Management Outsource to NHSE**
Critical Enablers	**Finance**	
	Neurosurgery Business Case proposal on stopped.	
	Workforce	
	Appointment of key staff to stabilise the service– Intraoperative Monitoring, CNS Skull Base and Neuromodulation	
	Digital	
	Other (Specify)	
Prevention & Population Health	**Opportunities identified**	
	Acute Neurosurgery Therapies Business Case – sustainability and quality improvements to the clinical pathway to maximise patient recovery. Included in the WHSSC ICP 24-25.	

Priority area(s) to deliver 24/25: Paediatric Surgery	
Key focus should be on delivering	**Reduce the waiting times for paediatric patients at both the outpatient and inpatient component of the pathway.**

Ref:	**Indicate if new priority or continued from 23/24**			
	Priority maintained however WG outcome measures have changed since 2023/24.			
Ref: Paediatric Surgery	**Resume of planning Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Number of patients waiting more than 104 weeks for referral to treatment	Achieved	Achieved	Achieved	Achieved
Progress synopsis				

Ref: Paediatric Surgery	**Outcomes of delivering Ministerial Priorities:**
Number of patients waiting more than 52-week for a new outpatient appointment – improvement trajectory towards a national target of zero	Service are currently delivering the 52-week outpatient target for paediatric surgery.
Number of patients waiting more than 36 weeks for a new outpatient appointment – improvement trajectory towards a national target of zero	
Number of patients waiting more than 104 weeks for referral to treatment – improvement trajectory towards a national target of zero	Service are currently delivering the 104-week inpatient target for paediatric surgery
Number of patients waiting more than 52 weeks for referral to treatment – improvement trajectory towards a national target of zero	Service have robust plan and trajectory to meet the 52-week inpatient target for paediatric surgery by the end of 2023/24. There is an expectation and plan to maintain this throughout 2024/25.

Ref: **Overarching outcome measures/ metrics:**				
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

Ref: **Planned Milestones 24/25**				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

Cont.

Priority area(s) to deliver 24/25: Paediatric Surgery	
Key focus should be on delivering	**Reduce the waiting times for paediatric patients at both the outpatient and inpatient component of the pathway.**

Risks	**Risks of Non-Delivery**	**Mitigations**
	A number of operational pressures across the Children's Hospital will impact on the delivery of elective paediatric Surgery	Robust plan to ring fence staff to support elective surgery during periods of surge.
	Risks to Delivery	**Mitigations**
Critical Enablers	**Finance**	
	The HB have committed to deliver the above measures through the delivery of paediatric contract volumes with additional support for 30 cases to be outsourced to the private sector.	
	Workforce	
	Digital	
	Other (Specify)	
Prevention & Population Health	**Opportunities identified**	

APPENDIX D

SUMMARY OF RISK ASSESSMENTS

RISK ASSESSMENT FOR INVESTMENT DECISIONS

The risk assessment was undertaken using the STEEP Quality impact approach. The scores of the risk assessment can be seen here;

SCHEME	HIGHEST SCORE	TOTAL SCORE
The Neurosurgery service located at the Cardiff and Vale UHB meets national standards to deliver a sustainable Neurosurgery Service.	25 (safety)	**122**
Assessment of the quality impact of not funding social worker support for the south Wales hereditary anaemias service.	25 (person centred and equitable)	**116 ***
Impact of not releasing funds to enhance provision of Acute Neurosurgery Therapy service located at Cardiff and Vale UHB for the population of south Wales to improve patient flow across the acute neurosurgery service pathway enabling early discharge and repatriation.	20 (effective, person centred timely equitable)	**112**
Impact of not taking forward the CIAG proposal to invest in an additional Specialist Nurse to support the Betsi Cadwaladar University Health Board (BCUHB) Complex Device service	20 (effective, timely person centred)	**108**
The Neurorehabilitation service located at the Swansea Bay UHB meets the demands and needs of the service in accordance with the British Society Rehabilitation Standards (BSRM)	20 (PC, staffing & equity)	**107**
Impact of not releasing the funding to for the formal commissioning of High Dependency services linked to tertiary care, and what this means for the population of South Wales who would access this service.	20 (safe and timely)	**104**
Specialist Mesothelioma MDT	20 (effective)	**91**
Impact of not supporting the CIAG proposal submitted by SBUHB to expand the Welsh Institute of Metabolic and Obesity Surgery's (WIMOS) dietetic and psychology service provision	25 (effective)	**90**
The impact of not releasing the funding for Neuropsychiatry Phase 2 to strengthen therapeutic interventions within the service and ensure an All-Wales Liaison Model for Specialised Neuropsychiatry	16 (effective, safe, timely & staffing)	**89**
Impact of not supporting the ***Major Trauma Centre (MTC) combined service proposal*** CIAG submission, comprising funding for a range of MTC developments	20 (safe)	**74**
Impact of not formally commissioning the Specialised Paediatric Respiratory Service at the CHfW and what this means for the population of South Wales who would access this service.	12 (effective)	**69**

RISK ASSESSMENT FOR INVESTMENT DECISIONS

SCHEME	HIGHEST SCORE	TOTAL SCORE
Impact of not formally commissioning the specialised paediatric infectious disease service	12 (effective)	**66**
Impact of not releasing the funding to for the formal commissioning of Paediatric Orthopaedic Surgery and what this means for the population of South Wales who would access this service.	12 (all with exception timely + effective – 9)	**66**
Impact of not releasing the funding to establish the new Neonatal Transport Operational Delivery Network	20 (safety)	**65**
Physiotherapy for plastic surgery	20 (effective)	**52**
Impact of not taking forward the WHSSC led CIAG scheme to improve access for patients with or suspected Inherited Cardiac Conditions (ICCs)	9 (equitable, timely person centred)	**41**
Impact of not supporting the proposed ABUHB Tier 4 Weight Management Service (Bariatric Surgery)	9 (equity)	**37**
Impact of failing to support the Trauma in Older People (TOP) Clinical Lead CIAG scheme	6 (PC & Equitable)	**24**
The impact of not releasing funding for gender surgical services is having no surgical provision for gender patients in wales	6	**22**
The impact of not releasing funding for skin camouflage services to be provided in wales is not having equitable access to the service for patients residing in wales	6	**22**

APPENDIX E

DETAILED FINANCIAL PLAN

APPENDIX F

MINIMUM DATA SET

Commissioning of Advanced Therapy Medicinal Products in Wales

Presentation for Joint Committee January 2024

What are ATMPs?

GENE THERAPIES

in vivo or *ex vivo* (next slide)

• Recombinant DNA used in or administered to humans to regulate, repair, add or delete a genetic sequence

(Recombinant = stretch of DNA created in laboratory, bringing together DNA from different sources)

Intended Function

• Treat, prevent or diagnose a disease that relates directly to the recombinant DNA or its expressed product

Most common ATMP classification

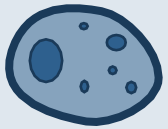
Inc. CAR-T and viral vectors

SOMATIC CELL THERAPIES

• Modified cells or tissues with altered biological characteristics, physiological functions or structural properties ***or***,
• Cells or tissues with a distinct intended activity to their parent function

Intended Function

• Treat, prevent or diagnose a disease through the action of its cells or tissues



e.g. TILs

(Tumour Infiltrating Lymphocytes)

TISSUE ENGINEERED PRODUCTS

• Modified cells or tissues with altered biological characteristics, physiological functions or structural properties ***or***,
• Cells or tissues with a distinct intended activity to their parent function

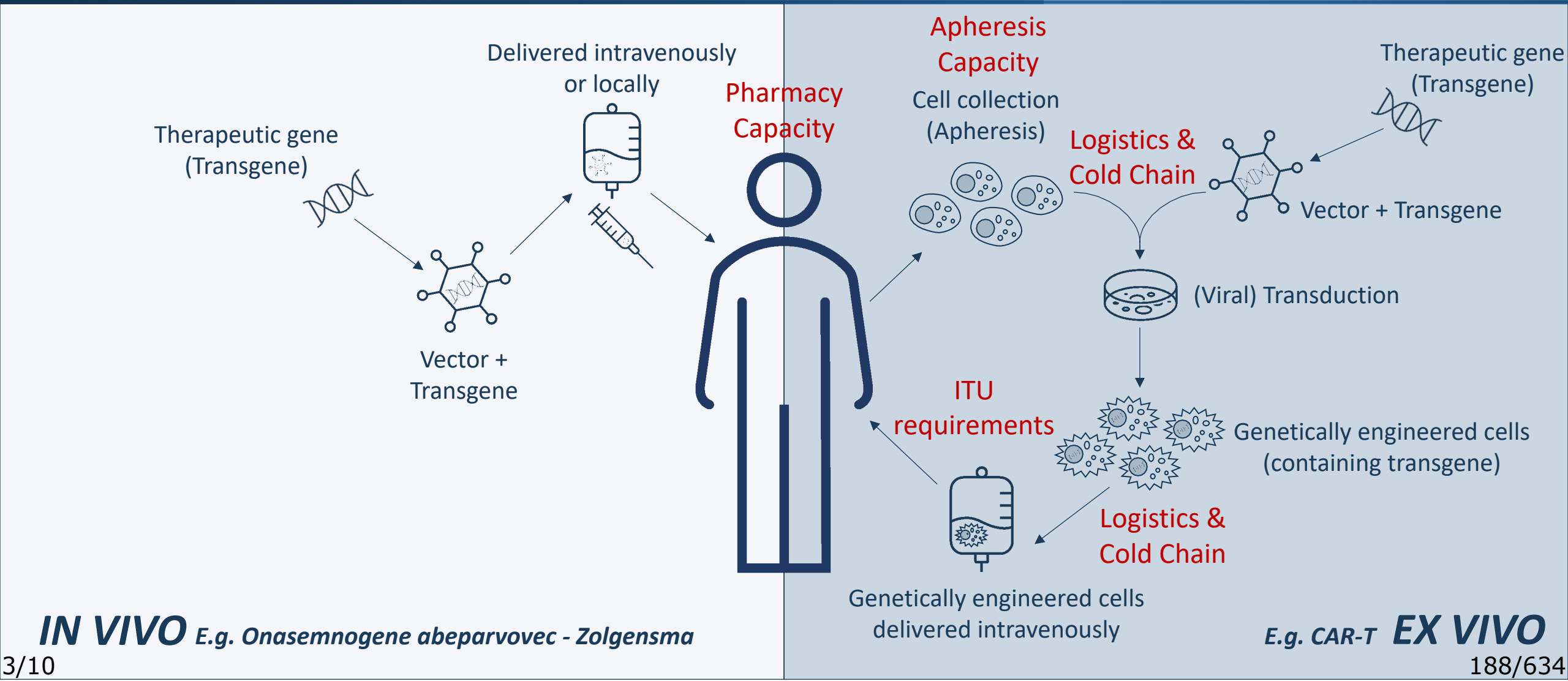
Intended Function

• Regenerate, repair or replace a human tissue

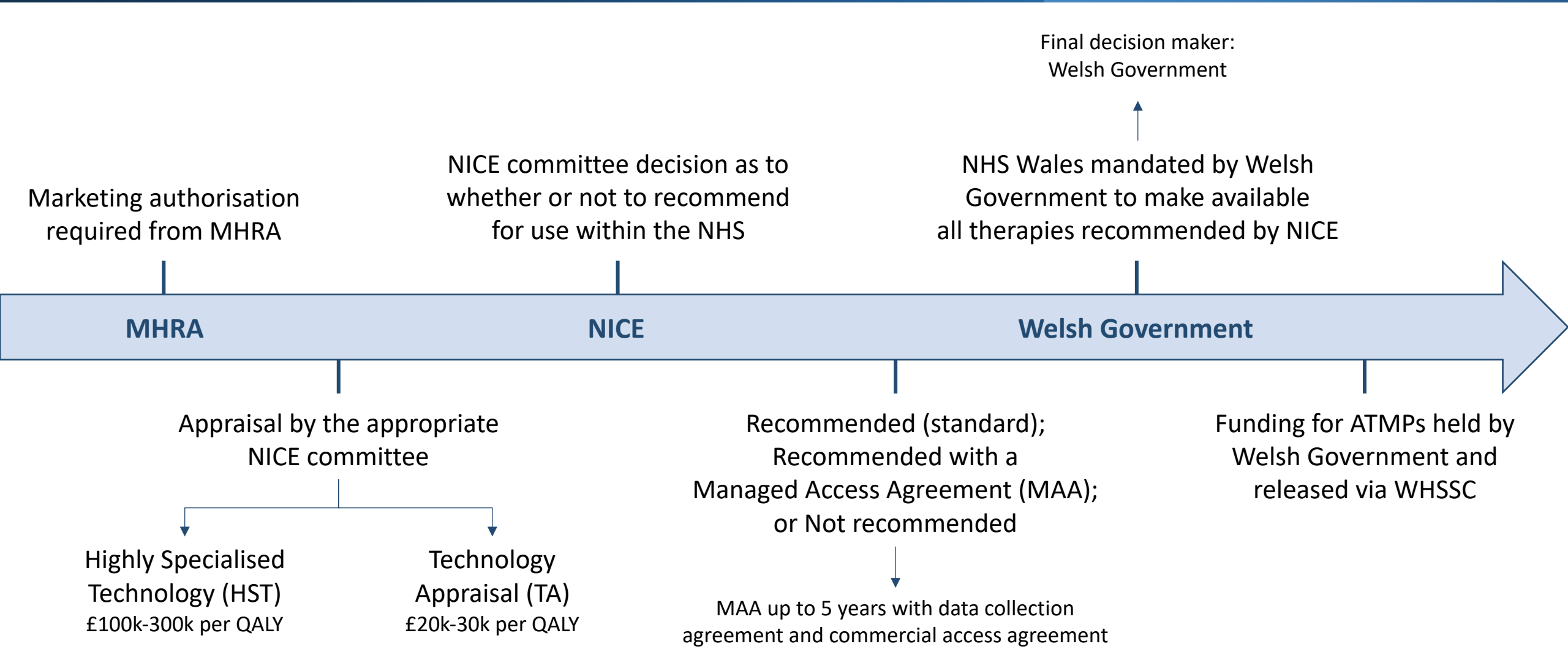
e.g. Spherox

(human autologous matrix-associated chondrocytes)

Gene Therapy Medicines: *in vivo* vs *ex vivo*



ATMP Decision Gateway



ATMP Landscape Now vs Future

Evolving into higher volume services

	CURRENT	TWO YEAR HORIZON	TEN YEAR HORIZON
WALES	Adult Haematology (CAR-T)	Haematology expansion Oncology Neuromuscular Orthopaedics	Haematology Oncology Orthopaedics Neuromuscular Stroke Diabetes Pain management Dementia
ENGLAND	Adult & Paediatric Haematology (CAR-T) BCUHB & PTHB patients Specialised Ophthalmology Orthopaedics Rare Diseases (SMA, MLD, AADC)	Oncology paediatric & overflow Rare diseases with low incidence BCUHB & PTHB patients Specialised Opthalmology	Renal Cardiology Urology Surgery Neurology Gastroenterology Rare diseases with low incidence BCUHB & PTHB patients

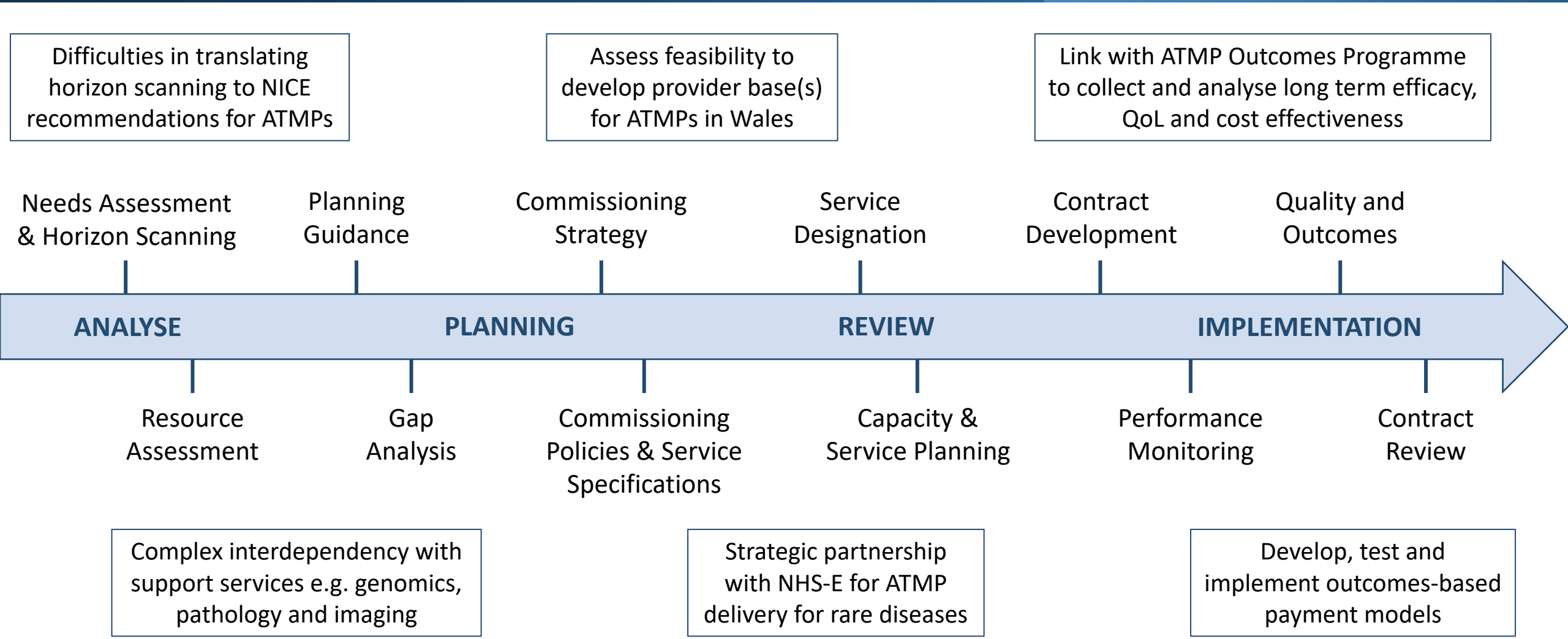
Current NICE Recommended ATMPs

Therapy	Indication	Service Area	Date Avail.	WHSSC?
Imylgic	Unresectable Metastatic Melanoma	Oncology	Sep 2016	No
Holoclar	Limbal stem cell deficiency after eye burns	Ophthalmology	Aug 2017	No
Strimvelis	ADA-SCID	Rare Disease	Feb 2018	Yes
Spherox	Articular cartilage defects of the knee	Orthopaedics	Mar 2018	No
Tisagenlecleucel (Kymriah)	r/r Acute Lymphoblastic Leukaemia <25	Haematology	Dec 2018	Yes
Axicabtagene ciloleucel (Yescarta)	Diffuse Large B Cell Lymphoma (3rd line)	Haematology	Jan 2019	Yes
	Diffuse Large B Cell Lymphoma (2nd line)	Haematology	Jun 2023	Yes
Brexucabtagene autoleucel (Tecartus)	r/r Mantle Cell Lymphoma	Haematology	Feb 2021	Yes
	r/r Acute Lymphoblastic Leukaemia ≥26	Haematology	Jun 2023	Yes
Voretigene neparvovec (Luxturna)	Inherited retinal dystrophies (RPE65 mutations)	Eye Disease	Oct 2019	Yes
Atidarsagene autotemcel (Libmeldy)	Metachromatic Leukodystrophy (MLD)	Rare Disease	Mar 2022	Yes
Eladocagene exuparvovec (Upstaza)	Aromatic L-amino acid decarboxylase deficiency (AADC)	Rare Disease	Apr 2023	Yes
Onasemnogene abeparvovec (Zolgensma)	Spinal Muscular Atrophy (SMA)	Rare Disease	Apr 2023	Yes

Pipeline ATMPs Estimated Availability 2024

Therapy	Indication	Service Area	Details	Est. Avail.	Est. Pop.
Etranacogene dezaparvovec (Hemgenix)	Haemophilia B (moderately severe to severe)	Haematology	Gene therapy, in vivo	2024	3 / yr*
Exagamglogene autotemcel (Exa-cel, Casgevy)	Beta thalassaemia (Transfusion-dependent)	Haematology	Gene therapy, ex vivo	2024	TBC
Exagamglogene autotemcel (Exa-cel, Casgevy)	Sickle cell disease	Haematology	Gene therapy, ex vivo	2024	TBC
Fidanacogene elaparvovec	Haemophilia B (moderately severe to severe)	Haematology	Gene therapy, in vivo	2024	3 / yr*
Lisocabtagene maraleucel (Breyanzi, liso-cel)	B-cell non-Hodgkin lymphoma (NHL)	Haematology	Gene therapy, ex vivo	2024	16
Beremagene geperpavec (B-VEC, Vyjuvek)	Dystrophic epidermolysis bullosa (RDEB/DDEB)	Dermatology	Gene therapy, in vivo, topical	2024	16

WHSSC ATMP Commissioning Framework



WHSSC ATMP Commissioning Strategy

STRATEGIC PLAN CONSIDERATIONS

Short-term Horizon

- What are Wales capable of delivering in the next 2-3 years
- Strategic partnership with NHS-E for rare disease ATMPs

Long-term Horizon

- What do we aspire to be able to deliver in Wales
- Balance aspiration with population numbers

Provider Preparedness

- What additional infrastructure is required
- How do we efficiently and effectively build capacity

Collaboration

- Improved engagement with providers, associated organisations and industry.
- Ensure providers are fully sighted and understand the role they can play.

Implementation Difficulties

- Transformation of current care pathways
- Complex interdependencies on support services
- Innovative payment arrangements required

Performance Management

- Challenges regarding managed access agreements and novel care pathways

Assessing Outcomes

- Long term efficacy and cost effectiveness
- Ethical considerations regarding long-term follow up

Recommendations

- **Note** the current and future ATMP positions and implementation progress to date;
- **Note** that further discussions are required to define the strategic partnership between the Advanced Therapies Wales Programme and WHSSC to determine the future balance of responsibilities;
- **Note** the development of a strategic partnership with NHS England for the provision of ATMPs for rare indications with low patient numbers;
- **Note** the proposed ATMP Commissioning Framework (Appendix 1);
- **Note** the development of an ATMP Commissioning Strategy for Wales; and
- **Support** that WHSSC (and from April 2024 its successor organisation, the Joint Commissioning Committee) commission all NICE recommended ATMPs, including those recommended before May 2018.

Report Title	**Commissioning of Advanced Therapy Medicinal Products (ATMPs) in Wales**	**Agenda Item**	2.2
Meeting Title	**Joint Committee**	**Meeting Date**	30/01/2024
FOI Status	Public		
Author	Programme Director and ATMP Outcomes Programme Manager		
Executive Lead	Director of Planning and Performance/Programme Director		

Purpose of the Report	The purpose of this report is to provide an update on the Advanced Therapy Medicinal Product (ATMP) landscape highlighting the additional implications that are associated with them, and to set out a proposed ATMP commissioning framework that will inform implementation plans.

	RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
Specific Action Required	☐	☐	☒	☐	☒

Recommendation(s):

Members are asked to:

- **Note** the report,
- **Note** the current and future Advanced Therapy Medicinal Product (ATMP) positions and implementation progress to date,
- **Note** that further discussions are required to define the strategic partnership between the Advanced Therapies Wales Programme and WHSSC to determine the future balance of responsibilities,
- **Note** the development of a strategic partnership with NHS England for the provision of ATMPs for rare indications with low patient numbers,
- **Note** the proposed ATMP Commissioning Framework (Appendix 1),
- **Note** the development of an ATMP Commissioning Strategy for Wales; and
- **Support** that WHSSC (and from April 2024 its successor organisation, the NHS Wales Joint Commissioning Committee) commission all NICE recommended ATMPs, including those recommended before May 2018.

COMMISSIONING OF ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPs) IN WALES

1.0 SITUATION

The purpose of this report is to provide an update on the Advanced Therapy Medicinal Product (ATMP) landscape highlighting the additional implications that are associated with them, and to set out a proposed ATMP commissioning framework that will inform implementation plans.

ATMPs differ from standard traditional treatments in several ways as they are often: administered as one-time infusions with the potential for life-long effects, associated with very high up-front costs and are often classified as personalised, precision medicines. Although pathways and commissioning procedures are well-established for traditional medicines, many ATMPs may have additional implications.

ATMPs remain a high policy priority for Welsh Government (WG). At present, NHS Wales is mandated by WG to ensure that all National Institute for Health and Care Excellence (NICE) recommended ATMPs are available to the population of Wales in an equitable and timely manner. In May 2018, Health Boards (HBs) designated WHSSC as the commissioner of all ATMPs for the Welsh population. These high-cost treatments are therefore commissioned on an all-Wales basis by WHSSC and are reimbursed from directed funding provided by Welsh Government.

Given the complexity and variation presented by ATMPs, it is necessary to clarify WHSSC's approach to the commissioning of this wide range of expensive treatments. This report proposes a commissioning framework (***Appendix 1***), specifically focussed on ATMPs to highlight the nuances associated with the commissioning and implementation of these novel therapies, when compared to traditional treatments. The framework subsequently calls for the development of an ATMP commissioning strategy for Wales that will consider the appropriate balance of Welsh provision versus UK provision of future ATMPs. This strategy will help to identify the appropriate infrastructure required in order to deliver ATMPs equitably, timely and sustainably to the population of Wales.

2.0 BACKGROUND

2.1 What are Advanced Therapy Medicinal Products?

ATMPs are defined by the European Medicines Agency (EMA) as ground-breaking opportunities for the treatment of disease or injury and are classified into three categories: gene therapies (including *in vivo* and *ex vivo*), somatic-cell therapies

and tissue-engineered products[1]. These novel therapies have the potential to transform current care pathways by offering durable and curative outcomes, often for diseases with little to no other treatment options.

ATMPs differ from standard traditional treatments in several ways as they are often: administered as one-time infusions with the potential for life-long effects, associated with very high up-front costs and are often classified as personalised, precision medicines. Although pathways and commissioning procedures are well-established for traditional medicines, many ATMPs may have additional implications. For example, CAR-T therapies require apheresis capacity to collect the patient's cells, complex logistics and cold chain arrangements for transport to and from the manufacturing facility, as well as Intensive Therapy Unit (ITU) capacity for re-administration due to the potential serious side effects such as cytokine release syndrome. Many examples of ATMPs also require close interconnectivity with other specialities such as genomics, pathology and imaging to ascertain patient eligibility.

2.2 ATMP decision gateway

Despite the differences between ATMPs and conventional treatments, the decision gateway for introduction into the Welsh health system is unchanged. The process to determine if a new ATMP will be provided by NHS Wales is as follows:

- All new ATMPs must gain marketing authorisation by the Medicines and Healthcare products Regulatory Agency (MHRA),
- All new ATMPs must go through the appropriate appraisal process by the NICE. NICE will evaluate the product(s) to determine whether or not they should be recommended for use within the NHS,
- The clinical and economic evidence of new ATMPs will be considered by the appropriate NICE committee:
  - Highly Specialised Technology (HST) Committee: HST operates a high threshold for assessing the cost effectiveness of a particular therapy, generally utilised with regards to rare diseases. The current level for cost effectiveness is between £100,000 and £300,000 per quality-adjusted life year (QALY). The upper limit of £300,000 is permissible for therapies that produce measurable quality of life gains over current alternative interventions of 30 years or greater,
  - Technology Appraisal (TA) Committee: TA committees operate to the standard cost effectiveness thresholds of between £20,000 and £30,000 per QALY. These levels can be increased in line with the policy on end of life therapies,
- NICE will produce a draft guidance recommendation for consultation, with the opportunity for appeals from consultees. Once any appeal or resolution process is complete, NICE will publish their recommendation (positive or negative) through their final guidance,

[1] Full definitions and examples of each category can be found in the ATMP Commissioning Framework (Appendix 1).

- NHS Wales is currently mandated by WG to ensure that all NICE recommended ATMPs are available to the population of Wales within 60 days of a positive recommendation by NICE, in an equitable manner.

It is important to note that the final decision maker in the context of NHS Wales is WG. The current policy position is that NICE recommendations are mandated by WG for implementation in Wales. However, WG have the right to choose not to implement a particular recommendation in full or in part, and to vary the implementation timeframe as they deem appropriate. Note, further consideration regarding the WG mandate of NICE recommendations is currently ongoing.

The funding for all ATMPs commissioned within NHS Wales is held by WG. Funding is released to the commissioner (currently WHSSC), based on forecast ATMP expenditure and is subsequently adjusted to match actual expenditure. Actual expenditure will include the acquisition cost of the therapy, as well as the service costs directly associated with their introduction. Allocation requirements are informed by the outcomes of the WHSSC horizon scanning process, which is outlined in the proposed ATMP Commissioning Framework (***Appendix 1***).

2.3 Value for money

ATMPs are well known for being associated with very high up-front costs and complex infrastructure requirements. Therefore, obtaining assurance that these therapies provide value for money is vitally important. A value for money assessment is undertaken as part of the standard NICE appraisal process for each ATMP. This process ensures that all recommended therapies are evidenced to be cost effective as measured by the formal NICE methodology. This assessment considers the following key components:

- The evidence of delivery of expected clinical benefits from reference trials,
- The evidence of the magnitude of the quality of life gains from the therapy in comparison to standard of care or the best alternative treatment:
  - The magnitude of quality of life gains can include the impact on carers and direct family as appropriate,
- The evidence that the expected clinical outcome(s) and quality of life gains are sustained over an extended (sometimes life-long) period,
- All associated direct costs of treatment including life-long costs are appropriately considered:
  - Note: Indirect social costs are not factored into this process,
- There is a clear evidence base for the patient population that will benefit from treatment,
- There is an appropriate pricing offer. In some cases, there may be multiple submissions with adjustments to pricing and outcome models before a positive recommendation can be made; and
- The magnitude of quality of life and costs are appropriately discounted to account for the relative impact of time.

3.0 ASSESSMENT

3.1 The current ATMP landscape

As of January 2024, there are 11 currently available, NICE recommended ATMPs for use within the NHS in England (NHSE) and Wales, as displayed in ***Table 1***.

The commissioning of some of the early ATMPs such as Imlygic, Holoclar, and Spherox, were the responsibility of the HBs as their indications did not sit within WHSSC's specialised commissioning remit. However, a report submitted to the WHSSC Joint Committee in May 2018, resulted in the HBs designating WHSSC as the commissioner of all ATMPs for the Welsh population. WHSSC has subsequently commissioned all NICE recommended ATMPs, but has not commissioned the early ATMPs pre-dating the Joint Committee decision in May 2018. It is proposed that this position is clarified and that WHSSC (and from April 2024 its successor organisation, the NHS Wales Joint Commissioning Committee) commissions all ATMPs, including those recommended before May 2018. This would avoid duplication of effort from HBs, reduce risk and ensure a more consistent approach when delivering these highly complex therapies and treatments.

Table 1: Available NICE recommended ATMPs (December 2023).

Note: the dotted line indicates the May 2018 decision for WHSSC to be the sole commissioner for all ATMPs for NHS Wales.

Therapy	Indication	Service Area	Date Avail.	WHSSC?
Imylgic	Unresectable Metastatic Melanoma	Oncology	Sep 2016	No
Holoclar	Limbal stem cell deficiency after eye burns	Ophthalmology	Aug 2017	No
Strimvelis	ADA-SCID	Rare Disease	Feb 2018	Yes
Spherox	Articular cartilage defects of the knee	Orthopaedics	Mar 2018	No
Tisagenlecleucel (Kymriah)	r/r Acute Lymphoblastic Leukaemia <25	Haematology	Dec 2018	Yes
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	Diffuse Large B Cell Lymphoma (2nd line)	Haematology	Jun 2023	Yes
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	r/r Acute Lymphoblastic Leukaemia ≥26	Haematology	Jun 2023	Yes
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Atidarsagene autotemcel (Libmeldy)	Metachromatic Leukodystrophy (MLD)	Rare Disease	Mar 2022	Yes
Eladocagene exuparvovec (Upstaza)	Aromatic L-amino acid decarboxylase deficiency (AADC)	Rare Disease	Apr 2023	Yes
Onasemnogene abeparvovec (Zolgensma)	Spinal Muscular Atrophy (SMA)	Rare Disease	Apr 2023	Yes

3.2 The future ATMP landscape

The development in the cell and gene therapy sector remains significant, both in the UK and worldwide. A sector snapshot by the Alliance for Regenerative Medicine (ARM) in August 2023 indicated that there were a total of 1,687 active ATMP clinical trials worldwide.[2] Whilst this represents a reported decrease, likely in part due to the hiatus of the pandemic, it indicates that the ATMP landscape remains strong.

In contrast to the reported worldwide decline, the UK's portfolio of ATMP clinical trials continues to grow. The Cell and Gene Therapy Catapult reported that the UK saw a ~6% increase in ATMP clinical trials between 2021-2022 reaching 178 open trials, with 31 new trials initiated and only a small number (~5) suspended, terminated or withdrawn.[3] The breakdown of UK trials by type included: gene therapies (76%, of which 51% were *ex vivo* and 49% *in vivo*), somatic-cell therapies (19%) and tissue-engineered products (5%). The report highlighted that the top five therapeutic areas were: oncology including haematological malignancies and solid tumours (38%), ophthalmology (9%), haematological (11%), metabolic (10%) and inflammatory/immune system (5%). Though noted other areas include neuromuscular, neurological, cardiac, gastrointestinal and respiratory, displaying the breadth of therapeutic areas within the pipeline.

The field of ATMPs is an emerging and rapidly evolving science, and thus the pace of change in this sector is substantial. This signifies extra complexities when horizon scanning for ATMPs, as products can move from Phase II studies through to NHS availability much faster than conventional medicines. ATMPs are also associated with higher attrition rates in the percentage of ATMP products that actually reach the market. This may be due, in part, to the usually limited evidence of effectiveness, as many of these therapies claim to sustain lifelong effects but the clinical trial data is from a limited time period, with usually small patient numbers, thus posing extra challenges for the health technology appraisal processes. However, despite the high degree of uncertainty while considering future ATMPs, horizon scanning in this sector is arguably more critical for NHS planning than conventional medicines. This is in part due to the very high acquisition costs, complex and costly infrastructure requirements and significant updates required to the existing NHS clinical systems and processes, including staff training.[4]

Our key sources of horizon scanning intelligence originate from the All Wales Toxicology and Therapeutics Centre (AWTTC) and the Specialist Pharmacy Service (SPS) in NHSE. Many of the treatments on the short-term horizon are for rare diseases with low population numbers. However, as you look further into the

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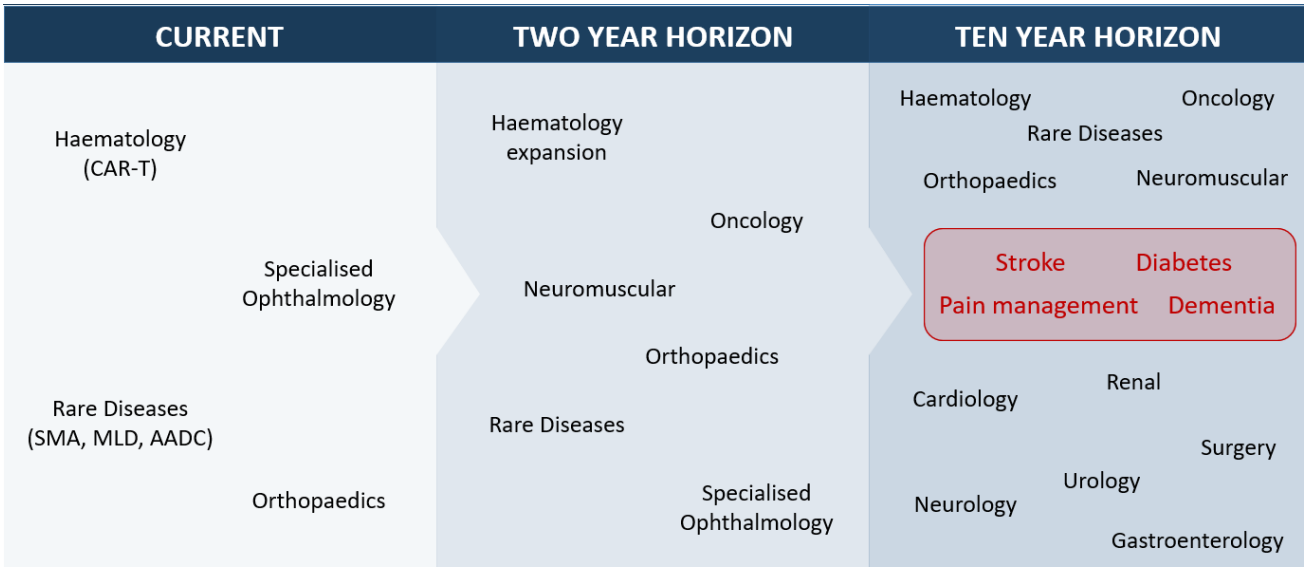
[2] Alliance for Regenerative Medicine Cell and Gene Therapy Sector Snapshot: August 2023 (accessed 20231207)
[3] UK ATMP Clinical Trials Report 2022 published by the Cell and Gene Therapy Catapult in January 2023 (accessed 20231207)
[4] Specialist Pharmacy Service: Horizon Scanning for ATMPs (accessed 20240103)

longer-term horizon, there are pipeline products for much higher volume services including stroke and diabetes, as displayed in ***Figure 1***. These examples have the potential to transform the current care pathways and processes and could extend into secondary, or even primary care settings.

Figure 1: Illustration displaying short and long-term horizon scanning information for ATMPs in terms of service area.



Due to the different processes of worldwide regulatory agencies, the availability of ATMPs varies greatly by location. For example, by the end of 2023 the U.S. Food and Drug Administration (FDA) approved a total of 33 ATMPs, the European Medicines Agency (EMA) approved a total of 25 (although 7 were subsequently either not renewed or withdrawn, leaving the current total of 18), compared to the 11 currently available in the UK. With a smaller population and market size, it is unsurprising that many ATMPs are initially launched outside of the UK. However, from 1 January 2024 a new International Recognition Procedure (IRP) was established that will allow a fast-track marketing authorisation process via the MHRA. This IRP allows the MHRA to consider the expertise and decision-making of trusted regulatory partners[5] and conduct a condensed, targeted assessment. This new procedure opens new avenues for industry to apply for marketing authorisation in the UK, both for new products and those that are already available elsewhere.

It is important to note that horizon scanning is only the start of the process, and although the additional information gathered early is essential, commissioning will not commence until a product has passed through the gateway process and is recommended by NICE.

[5] IRP trusted regulatory partners include: Australia, Canada, Switzerland, Singapore, Japan, United States and the European Union/European Economic Area.

3.3 ATMP Commissioning Framework

To ensure that WHSSC can efficiently manage the complexity and pace of ATMP availability for the Welsh population, the attached ATMP Commissioning Framework is proposed (***Appendix 1***). The document sets out WHSSC's approach to the provision of ATMPs, highlighting the nuances associated with the commissioning and implementation of ATMPs as compared to standard, traditional treatments and should be read in conjunction with the WHSSC Commissioning Framework (in development, due for consideration in February 2024).

3.4 ATMP Commissioning Strategy for Wales

With a vast and varied pipeline of ATMPs on the horizon, this report recommends the development of an ATMP Commissioning Strategy to consider the future of ATMPs in Wales. While the current WG mandate is that all NICE recommended therapies are made available to the population of Wales, due regard is required to where these novel ATMP therapies are delivered from. The proposed strategy will consider which services are suitable and appropriate for delivery from a Welsh provider and which services will need to be delivered from a very small number of highly specialised designated providers (likely situated in England). The ATMP Commissioning Strategy will therefore aim to guide the balance between Welsh provision and UK provision, and help to identify the appropriate infrastructure required in order to deliver ATMPs sustainably.

The strategy will need to consider:

- The service areas where there is an aspiration, and the appropriate expertise and capability to deliver in Wales,
- The clinical critical mass required to ensure ATMP delivery can be sustained to the required standard, cost and outcomes,
- The range of service areas developed in a centre and associated interdependencies and efficiencies required, including the availability of support services,
- Which services are more suited to UK-wide provision by a very small number of highly specialised designated providers? This will be particularly relevant to rare diseases where patient numbers will be very small and not sustainable in multiple centres. This report proposes the development of a strategic partnership with NHSE to ensure that the needs of the Welsh population are factored into national planning for such services that may be delivered from England,
- The short and long-term horizons need to be considered in deciding on the plan for the appropriate mix of in-Wales and NHSE delivery. Consideration should include how ATMPs are likely to develop and become more routine and/or relevant for local delivery in time – for example for more common diseases; and
- The benefits of linking the provider strategy with the research and trial agenda. This may help gain an earlier and more detailed understanding of implementation requirements and preparedness if the ATMP subsequently gains a positive recommendation from NICE.

3.5 ATMP Outcomes Programme

WHSSC are interested in evaluating the effectiveness and value provided by these innovative therapies through its ATMP Outcomes Programme. The programme aims to embed the principles of value-based health care into standard data collection by establishing an outcomes data framework for ATMPs that includes clinical outcomes and patient reported measures, such as quality of life. Through collecting this data in standard reporting, the programme aims to gain a better understanding of the long-term efficacy and impacts of ATMPs and provides the opportunity for outcomes-based commissioning for ATMPs in the future. This data will also be utilised in collaboration with the MVU in the implementation of Outcome-Based Payment Models (OBPM).

3.6 Associated organisational partners

In order to ensure that ATMPs can be sustainably delivered in Wales, a collaborative working environment is essential. It is important to recognise the roles and responsibilities of other organisations in contributing to the successful implementation of ATMPs and the wider strategic environment. Several examples are included below.

3.6.1 Advanced Therapies Wales Programme

The Advanced Therapies Wales (ATW) Programme was established in 2019 following the launch of WG's Statement of Intent for Advanced Therapies and is hosted by Velindre University NHS Trust (VUNT). The programme aims to progress the development of the advanced therapies ecosystem across Wales and will support the preparedness of local providers. The delivery of the ATW programme will be facilitated through stakeholder engagement and strategic partnerships. Further discussions are required to define the strategic partnership between the Advanced Therapies Wales Programme and WHSSC to determine the future balance of responsibilities.

The commissioner (WHSSC) has membership on the ATW Programme Board and will continue to ensure that there is national awareness of the commissioning challenges that ATMPs pose through this forum. This collaborative environment will also be utilised to ensure that the ATMP commissioning framework and subsequent strategy considers not only the local delivery of ATMPs, but also the wider landscape.

3.6.2 All Wales Therapeutics and Toxicology Centre (AWTTC)

The AWTTC continues to play a key role in supporting the commissioner with timely horizon scanning forecasting information that is central to the commissioning of ATMPs in Wales.

3.6.3 Medicines Value Unit (MVU)

The Medicines Value Unit (MVU) leads on commercial arrangements and determines the national agreed prices of therapeutics with industry. The MVU are also exploring the development of innovative payment models, such as OBPM, which are likely to be associated with upcoming ATMPs. The data collected by the

WHSSC ATMP Outcomes Programme will be utilised in collaboration with the MVU for the implementation of OBPMs for ATMPs.

3.6.4 NHS England (NHSE)

NHSE provide detailed horizon scanning information that is used by the commissioner and AWTTC. NHSE are currently the main focal point of initial commercial negotiations for ATMPs given their relative population size and commercial importance to industry. This will include intelligence on new payment mechanisms as well any discounted prices needed as part of the NICE approval process.

Due to the extremely rare indications of some current and future ATMPs, NHSE will continue to be a key stakeholder in the commissioning of ATMPs for the population of Wales. Where there are very low incidence rates, the ATMP may only be delivered from a small number of highly specialised designated providers, likely in England. This paper proposes the development of a strategic partnership with NHSE to ensure that the needs of the Welsh population are factored into national planning for such services. NHSE are also key providers for the population of Betsi Cadwaladr University Health Board (BCUHB), Powys teaching Health Board (PtHB) and a sub-set of additional treatments, such as paediatric CAR-T.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the current and future Advanced Therapy Medicinal Products (ATMPs) positions and implementation progress to date,
- **Note** that further discussions are required to define the strategic partnership between the Advanced Therapies Wales Programme and WHSSC to determine the future balance of responsibilities,
- **Note** the development of a strategic partnership with NHS England for the provision of ATMPs for rare indications with low patient numbers,
- **Note** the proposed ATMP Commissioning Framework (Appendix 1),
- **Note** the development of an ATMP Commissioning Strategy for Wales; and
- **Support** that WHSSC (and from April 2024 its successor organisation, the NHS Wales Joint Commissioning Committee) commission all NICE recommended ATMPs, including those recommended before May 2018.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Deliver Welsh Government policy objective to make available ATMPs for the Welsh population and deliver in Wales where sustainable. Linked WG strategies re economic development and spend within Welsh economy.
Link to Integrated Commissioning Plan	ATMP delivery integral part of ICP.
Health and Care Standards	Standards for delivery bespoke to each ATMP.
Principles of Prudent Healthcare	Potential for one-off treatment to prevent life-long disease effects. All ATMPs NICE recommended based on cost-effectiveness assessment.
NHS Delivery Framework Quadruple Aim	Reducing avoidable harm and disability.
Organisational Implications	
Quality, Safety & Patient Experience	ATMP delivery will require high standards of quality and patient safety. Patient experience enhanced by one-off nature of treatment.
Finance/Resource Implications	ATMPs currently funded via directed allocations from WG held centrally. ATMPs very high unit costs with long term benefits and potential savings to partially offset.
Population Health	ATMPs often for previously untreatable diseases. Potential for reduction in inherited disease impacts for future generations.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no direct impacts arising from this report. Some ATMPs targeting inherited disease may have proportionately high benefit in certain ethnic populations.
Long Term Implications (incl WBFG Act 2015)	Long term potential for pathway transformation if ATMPs approved for high volume conditions.
Report History (Meeting/Date/ Summary of Outcome	**-**
Appendices	Appendix 1 - ATMP Commissioning Framework

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

Advanced Therapy Medicinal Products (ATMP) Commissioning Framework

Authors: Stuart Davies (Programme Director) and Hannah Crocker (ATMP Outcomes Programme Manager)

Owner:

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Amended by	Version	State	Date	Purpose of change
Hannah Crocker	1.1	Draft	20240103	Actions from CDGB
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Sign Off:

Name	Position	Organisation	Date
CDGB		WHSSC	9 January 2024

Contents

1 INTRODUCTON

1.1 Purpose and summary

Advanced Therapy Medicinal Products (ATMPs) differ from standard traditional treatments in several ways as they are often: administered as one-time infusions with the potential for life-long effects, associated with very high up-front costs and are often classified as personalised, precision medicines. Although pathways and commissioning procedures are well-established for traditional medicines, many ATMPs may have additional implications.

The field of ATMPs is rapidly developing and expanding. In May 2018, health boards designated WHSSC as the commissioner of all ATMPs for the Welsh population. ATMPs remain a high policy priority for Welsh Government and have been funded by Welsh Government via directed funding from the outset.

Given the complexity and variation presented by ATMPs, it is necessary to clarify WHSSC's approach to the commissioning of this wide range of expensive treatments. ATMPs present an additional commissioning challenge as they usually have a very high initial cost, but with sustained outcome and cost effectiveness benefits that have the potential to be maintained long term.

This paper presents a framework that follows the WHSSC commissioning cycle, highlighting the nuances associated with the commissioning and implementation of ATMPs as compared to standard, traditional treatments. This document should be read in conjunction with the WHSSC Commissioning Framework (in development, due February 2024).

2 BACKGROUND

2.1 What are Advanced Therapy Medicinal Products?

Advanced Therapy Medicinal Products (ATMPs) are defined by the European Medicines Agency (EMA) as ground-breaking opportunities for the treatment of disease or injury and are classified into three categories:

- **Gene therapies**: whereby recombinant DNA[1] is used in or administered to humans to regulate, repair, add to or delete a genetic sequence. The intended cellular modification occurs either *in vivo* (within the body) via direct infusion of the genetic delivery vehicle (e.g. viral vector therapies such as Onasemnogene abeparvovec - Zolgensma), or *ex vivo* (outside of the body) whereby the patients cells are collected and later re-administered following genetic modification in a laboratory (e.g. Chimeric Antigen Receptor T-Cell Therapies - CAR-T). The desired therapeutic and/or

[1] Recombinant DNA is a stretch of DNA created in a laboratory, bringing together DNA from different sources.

prophylactic effect is directly related to the utilised recombinant DNA, or its expressed product.

- **Somatic-cell therapies**: contain or consist of engineered cellular material, whereby cells or tissue(s) have either been substantially manipulated (e.g. differentiation or activation with growth factors or expansion by cell culture) or are utilised for a different essential function when compared with their parent function (non-homologous use). Somatic-cell therapies are intended to prevent, diagnose or cure disease. An example of these therapies is Tumour Infiltrating Lymphocytes (TILs) currently in clinical trials to treat solid tumour cancers.
- **Tissue-engineered products (TEPs)**: similarly to somatic-cell therapies, TEPs contain or consist of engineered cellular material. However, the intended function of TEPs include regeneration, repair or replacement of human tissue. An example includes autologous chondrocyte implantation with Spherox to repair cartilage defects in the knee.

These novel therapies have the potential to transform current care pathways by offering durable and curative outcomes, often for diseases with little to no other treatment options.

ATMPs differ from standard traditional treatments in several ways as they are often: administered as one-time infusions with the potential for life-long effects, associated with very high up-front costs and are often classified as personalised, precision medicines. Although pathways and commissioning procedures are well-established for traditional medicines, many ATMPs may have additional implications. For example, CAR-T therapies require apheresis capacity to collect the patients cells, complex logistics and cold chain arrangements for transport to and from the manufacturing facility, as well as ITU capacity for re-administration due to the potential serious side effects such as cytokine release syndrome. Many examples of ATMPs also require close interconnectivity with other specialities such as genomics, pathology and imaging to ascertain patient eligibility.

2.2 ATMP decision gateway

Despite the differences between ATMPs and conventional treatments, the decision gateway for introduction into the Welsh health system is unchanged. The process to determine if a new ATMP will be provided by NHS Wales is as follows:

- All new ATMPs must gain marketing authorisation by the Medicines and Healthcare products Regulatory Agency (MHRA).
- All new ATMPs must go through the appropriate appraisal process by the National Institute for Health and Care Excellence (NICE). NICE will evaluate the product(s) to determine whether or not they should be recommended for use within the NHS.

- The clinical and economic evidence of new ATMPs will be considered by the appropriate NICE committee:
  - **Highly Specialised Technology (HST) Committee**: HST operates a high threshold for assessing the cost effectiveness of a particular therapy. The current level for cost effectiveness is between £100,000 and £300,000 per quality-adjusted life year (QALY). The upper limit of £300,000 is permissible for therapies that produce measurable quality of life gains over current alternative interventions of 30 years or greater.
  - **Technology Appraisal (TA) Committee**: TA committees operate to the standard cost effectiveness thresholds of between £20,000 and £30,000 per QALY. These levels can be increased in line with the policy on end of life therapies, normally used in assessing cancer therapies.
- NICE will produce a draft guidance recommendation for consultation, with the opportunity for appeals from consultees. Once any appeal or resolution process is complete, NICE will publish their recommendation (positive or negative) through their final guidance.
- NHS Wales is currently mandated by Welsh Government to ensure that all NICE recommended ATMPs are available to the population of Wales in an equitable and timely manner.

It is important to note that the final decision maker in the context of NHS Wales is Welsh Government. The current policy position is that NICE recommendations are mandated by Welsh Government for implementation in Wales. However, Welsh Government have the right to choose not to implement a particular recommendation in full or in part, and to vary the implementation timeframe as they deem appropriate. Note, further consideration regarding the Welsh Government mandate of NICE recommendations is currently on-going.

The funding for all ATMPs commissioned by NHS Wales is held by Welsh Government. Funding is released to the commissioner (currently WHSSC), based on forecast ATMP expenditure and is subsequently adjusted to match actual expenditure. Actual expenditure will include the acquisition cost of the therapy, as well as the service costs directly associated with their introduction. Allocation requirements are informed by the outcomes of the WHSSC horizon scanning process, which is outlined below.

2.3 The current ATMP landscape (December 2023)

As of December 2023, there are 11 currently available, NICE recommended ATMPs for use within the NHS in England and Wales, as displayed in Table 1.

The commissioning of some of the early ATMPs such as Imlygic, Holoclar, and Spherox, were the responsibility of the health boards as their indications did not sit within WHSSC's specialised commissioning remit. However, a paper submitted to the WHSSC Joint Committee in May 2018, resulted in the health boards

designating WHSSC as the commissioner of all ATMPs for the Welsh population. WHSSC has subsequently commissioned all NICE recommended ATMPs, but has not commissioned the early ATMPs pre-dating the Joint Committee decision in May 2018. It is proposed that this position is clarified and that WHSSC (and from April 2024 its successor organisation, the Joint Commissioning Committee) commissions all ATMPs, including those recommended before May 2018. This would avoid duplication of effort from health boards, reduce risk and ensure a more consistent approach when delivering these highly complex therapies and treatments.

Table 1: Available NICE recommended ATMPs (December 2023). Note: the dotted line indicates the May 2018 decision for WHSSC to be the sole commissioner for all ATMPs for NHS Wales.

Therapy	Indication	Service Area	Date Avail.	WHSSC?
Imylgic	Unresectable Metastatic Melanoma	Oncology	Sep 2016	No
Holoclar	Limbal stem cell deficiency after eye burns	Ophthalmology	Aug 2017	No
Strimvelis	ADA-SCID	Rare Disease	Feb 2018	Yes
Spherox	Articular cartilage defects of the knee	Orthopaedics	Mar 2018	No
Tisagenlecleucel (Kymriah)	r/r Acute Lymphoblastic Leukaemia <25	Haematology	Dec 2018	Yes
Axicabtagene ciloleucel (Yescarta)	Diffuse Large B Cell Lymphoma (3rd line)	Haematology	Jan 2019	Yes
	Diffuse Large B Cell Lymphoma (2nd line)	Haematology	Jun 2023	Yes
Brexucabtagene autoleucel (Tecartus)	r/r Mantle Cell Lymphoma	Haematology	Feb 2021	Yes
	r/r Acute Lymphoblastic Leukaemia ≥26	Haematology	Jun 2023	Yes
Voretigene neparvovec (Luxturna)	Inherited retinal dystrophies (RPE65 mutations)	Eye Disease	Oct 2019	Yes
Atidarsagene autotemcel (Libmeldy)	Metachromatic Leukodystrophy (MLD)	Rare Disease	Mar 2022	Yes
Eladocagene exuparvovec (Upstaza)	Aromatic L-amino acid decarboxylase deficiency (AADC)	Rare Disease	Apr 2023	Yes
Onasemnogene abeparvovec (Zolgensma)	Spinal Muscular Atrophy (SMA)	Rare Disease	Apr 2023	Yes

2.4 Associated organisational partners

In order to ensure that ATMPs can be sustainably delivered in Wales, a collaborative working environment is essential. It is important to recognise the roles and responsibilities of other organisations in contributing to the successful implementation of ATMPs and the wider strategic environment. Several examples are included below.

2.4.1 Advanced Therapies Wales Programme

The Advanced Therapies Wales (ATW) Programme was established in 2019 following the launch of Welsh Government's Statement of Intent for Advanced Therapies[2] and is hosted by Velindre University NHS Trust. The programme aims to progress the development of the advanced therapies ecosystem across Wales and will support the preparedness of local providers. The delivery of the ATW

[2] Welsh Government Statement of Intent for Advanced Therapies (accessed 20240104)

programme will be facilitated through stakeholder engagement and strategic partnerships. Further discussions are required to define the strategic partnership between the Advanced Therapies Wales Programme and WHSSC to determine the future balance of responsibilities.

The commissioner (WHSSC) has membership on the ATW Programme Board and will continue to ensure that there is national awareness of the commissioning challenges that ATMPs pose through this forum. This collaborative environment will also be utilised to ensure that the ATMP commissioning framework and subsequent strategy considers not only the local delivery of ATMPs, but also the wider landscape.

2.4.2 All Wales Therapeutics and Toxicology Centre

The All Wales Therapeutics and Toxicology Centre (AWTTC) continues to play a key role in supporting the commissioner with timely horizon scanning forecasting information that is central to commissioning of ATMPs in Wales.

2.4.3 Medicines Value Unit

The Medicines Value Unit (MVU) leads on commercial arrangements and determines the national agreed prices of therapeutics with industry. The MVU are also exploring the development of innovative payment models, such as outcomes-based payment models (OBPM), which are likely to be associated with upcoming ATMPs. The data collected by the WHSSC ATMP Outcomes Programme will be utilised in collaboration with the MVU for the implementation of OBPMs for ATMPs.

2.4.4 NHS England

NHS-England provide detailed horizon scanning information that is used by the commissioner and AWTTC. NHS-England are currently the main focal point of initial commercial negotiations for ATMPs given their relative population size and commercial importance to industry. This will include intelligence on new payment mechanisms, as well as any discounted prices needed as part of the NICE approval process.

Due to the extremely rare indications of some current and future ATMPs, NHS-England will continue to be a key stakeholder in the commissioning of ATMPs for the population of Wales. Where there are very low incidence rates, the ATMP may only be delivered from a small number of highly specialised designated providers, likely in England. This paper proposes the development of a strategic partnership with NHS-England to ensure that the needs of the Welsh population are factored into national planning for such services. NHS-England are also key providers for the population of Betsi Cadwaladr University Health Board, Powys Teaching Health Board and a sub-set of additional treatments, such as paediatric CAR-T.

3 ATMP COMMISSIONING FRAMEWORK

To ensure that WHSSC can efficiently manage the complexity and pace of ATMP availability for Welsh citizens, the following commissioning framework is proposed. This document sets out WHSSC's approach to commissioning ATMPs and will be further developed in response to the longer-term landscape of new therapies on the horizon. This document should be read in conjunction with the WHSSC Commissioning Framework (in development, due February 2024).

Note: the initial sections from 3.1 to 3.5 describe the advanced planning considerations regarding potential future ATMPs in the pipeline. No commissioning will commence until a positive recommendation from NICE is published. In the instance of a positive recommendation by NICE, the process from section 3.6 Commissioning Policies and Service Specifications will continue.

3.1 Needs assessment and horizon scanning

The development in the cell and gene therapy sector remains significant, both in the UK and worldwide. A sector snapshot by the Alliance for Regenerative Medicine (ARM) in August 2023 indicated that there were a total of 1,687 active ATMP clinical trials worldwide.[3] Whilst this represents a reported decrease, likely in part due to the hiatus of the pandemic, it indicates that the ATMP landscape remains strong.

In contrast to the reported worldwide decline, the UK's portfolio of ATMP clinical trials continues to grow. The Cell and Gene Therapy Catapult reported that the UK saw a ~6% increase in ATMP clinical trials between 2021-2022 reaching 178 open trials, with 31 new trials initiated and only a small number (~5) suspended, terminated or withdrawn.[4] The breakdown of UK trials by type included: gene therapies (76%, of which 51% were ex vivo and 49% in vivo), somatic-cell therapies (19%) and tissue-engineered products (5%). The report highlighted that the top five therapeutic areas were: oncology including haematological malignancies and solid tumours (38%), ophthalmology (9%), haematological (11%), metabolic (10%) and inflammatory/immune system (5%). Though noted other areas include neuromuscular, neurological, cardiac, gastrointestinal and respiratory, displaying the breadth of therapeutic areas within the pipeline.

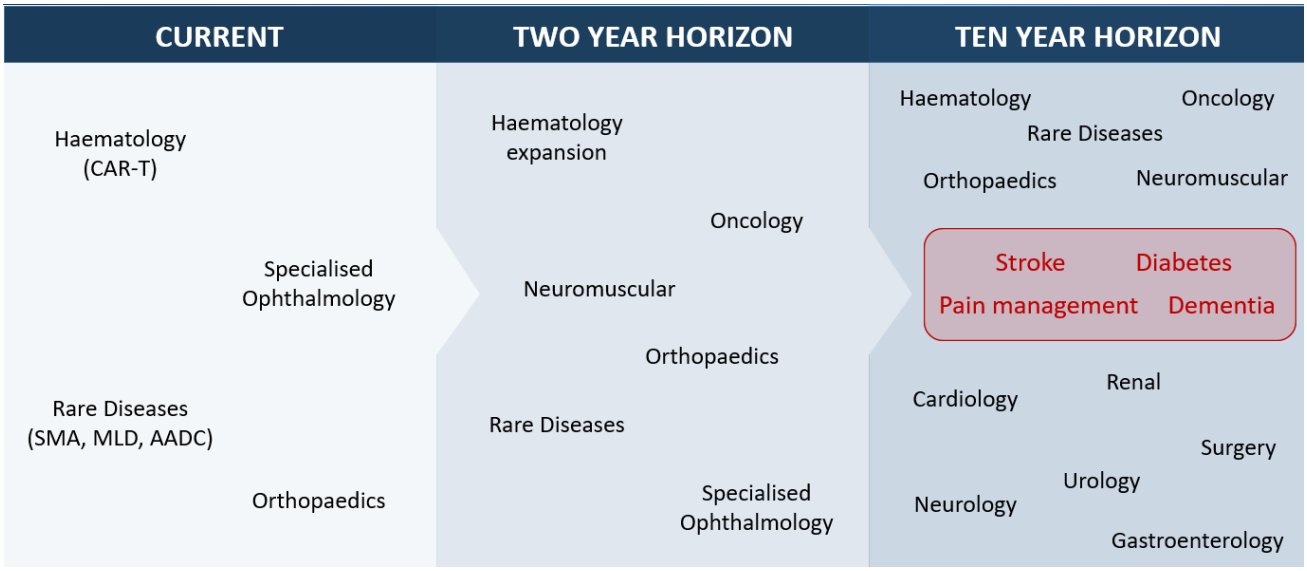
The field of ATMPs is an emerging and rapidly evolving science, and thus the pace of change in this sector is substantial. This signifies extra complexities when horizon scanning for ATMPs, as products can move from Phase II studies through to NHS availability much faster than conventional medicines. ATMPs are also

[3] Alliance for Regenerative Medicine Cell and Gene Therapy Sector Snapshot: August 2023 (accessed 20231207)
[4] UK ATMP Clinical Trials Report 2022 published by the Cell and Gene Therapy Catapult in January 2023 (accessed 20231207)

associated with higher attrition rates in the percentage of ATMP products that actually reach the market. This may be due, in part, to the usually limited evidence of effectiveness, as many of these therapies claim to sustain lifelong effects but the clinical trial data is from a limited time period, with usually small patient numbers, thus posing extra challenges for the health technology appraisal processes. However, despite the high degree of uncertainty while considering future ATMPs, horizon scanning in this sector is arguably more critical for NHS planning than conventional medicines. This is in part due to the very high acquisition costs, complex and costly infrastructure requirements and significant updates required to the existing NHS clinical systems and processes, including staff training.[5]

Our key sources of horizon scanning intelligence originate from the All Wales Toxicology and Therapeutics Centre (AWTTC) and the Specialist Pharmacy Service (SPS) in NHS England. Many of the treatments on the short-term horizon are for rare diseases with low population numbers. However, as you look further into the longer-term horizon, there are pipeline products for much higher volume services including stroke and diabetes, as displayed in Figure 1. These examples have the potential to transform the current care pathways and processes, and could extend into secondary, or even primary care settings.

Figure 1: Illustration displaying short- and long-term horizon scanning information for ATMPs in terms of service area.



WHSSC regularly maintain a consolidated horizon scanning database that includes (where known): summaries of the product, the indication area, estimated eligible patient numbers, estimated availability, provisional or

[5] Specialist Pharmacy Service – Horizon Scanning for ATMPs (accessed 20240103)

indicative list price, type of product, mode of delivery and any known restriction on provider characteristics. The horizon scanning document is available on a restricted basis, owing to the presence of commercial in confidence information.

WHSSC will use this information to inform advance planning of implementation in terms of:

- **A strategic plan**: by utilising the medium-long term horizon, WHSSC will coordinate the assessment of the feasibility to develop a provider base(s) in Wales and consider any additional infrastructure required to inform and provide guidance for the medium-term planning of health boards.
- **Individual ATMPs**: by utilising the short-term horizon, WHSSC will coordinate the assessment of whether an individual ATMP fits within the strategic plan for delivery in Wales, or whether delivery by a UK national site may be more appropriate upon a positive recommendation by NICE.

Experience to date indicates that it is difficult to predict with accuracy the rate of translation of ATMPs from horizon scanning into a positive NICE recommendation, as many variables impact their position. An additional complication includes the possibility of the treatment entering into Managed Access Agreement (MAA). MAAs are initiated by NICE when the committee determine that a period of real-world data collection would assist with the recommendation decision. These agreements extend no longer than 5 years, at which time the product re-starts the appraisal process with the additional data captured. This could lead to standard commissioning or the withdrawal of a therapy after the MAA if the data does not strengthen the appraisal.

Due to the different processes of worldwide regulatory agencies, the availability of ATMPs varies by location. For example, by the end of 2023 the U.S. Food and Drug Administration (FDA) approved a total of 33 ATMPs, the European Medicines Agency (EMA) approved a total of 25 (although 7 were subsequently either not renewed or withdrawn, leaving the current total of 18), compared to the 11 currently available in the UK. With a smaller population and market size, it is unsurprising that many ATMPs are initially launched outside of the UK. However, from 1st January 2024 a new International Recognition Procedure (IRP) was established that will allow a fast-track marketing authorisation process via the MHRA. This IRP allows the MHRA to consider the expertise and decision-making of trusted regulatory partners[6] and conduct a condensed, targeted assessment. This new procedure opens new avenues for industry to apply for marketing authorisation in the UK, for new products and those that are already available elsewhere.

[6] IRP trusted regulatory partners include: Australia, Canada, Switzerland, Singapore, Japan, United States and the European Union/European Economic Area.

3.2 Resource assessment

The key components of the resource assessment will include:

- Estimated patient volumes.
- Current aspiration, capacity and capability of service providers in Wales.
- The agreed standard unit cost of service delivery or agreed business case step-cost of delivery.
- The unit cost of product supply.

Regarding the estimated patient volumes for ATMPs, to date, these have remained low, with the highest volume being ~30 per annum for CAR-T therapies. However, horizon scanning indicates that this is likely to change over time as ATMPs emerge for more common conditions.

Currently the only ATMPs delivered in Wales are CAR-T therapies provided by the South Wales Bone Marrow Transplant Unit (SWBMT) at University Hospital Wales, Cardiff. The resource assessment will consider the disease areas for which ATMPs are on the horizon and assess the current capacity and capability of these services to be able to deliver ATMPs. During this assessment, engagement with the provider organisations will commence to determine clinician desire to provide this treatment as part of their service and form a part of any subsequent planning guidance provided.

Where there may be advanced investment required to incorporate additional infrastructure and/or capacity building to allow for implementation of future ATMPs on the horizon, WHSSC will provide support to the provider organisation and the Advanced Therapies Wales (ATW) Programme in the development of a strategic business case. In the short-term, as new individual ATMPs are recommended by NICE, a product specific resource assessment will be carried out resulting in a product specific business case.

A key differentiating factor of ATMPs are their very high up-front costs, therefore the financial impact of their provision is significant. WHSSC will therefore carry out a forward look assessment for the potential financial impact of ATMP implementation for the forthcoming financial year as part of the WHSSC Integrated Commissioning Plan (ICP). This will be used to inform Welsh Government of the potential impact for financial planning purposes. Given the planning uncertainties inherent in the horizon scanning process, this annual report will include an approximate range rather than a firm estimate. Welsh Government will retain ATMP funding centrally and release funds during the financial year according to need, based on more detailed in-year estimates when approvals, prices and patient volumes are known with more certainty.

The financial assessment should identify any offsetting savings that result directly from the introduction of the ATMP and how such savings will be realised across the care pathway and the time horizon. For ATMPs that are delivered from a UK

national centre, consideration may also be required for patient travel and/or accommodation costs depending on the mode of delivery.

3.2.1 Value for money

ATMPs are well known for being associated with very high up-front costs and complex infrastructure requirements. Therefore, obtaining assurance that these therapies provide value for money is vitally important.

A value for money assessment is undertaken as part of the standard NICE appraisal process for each ATMP. This process ensures that all recommended therapies are evidenced to be cost effective as measured by the formal NICE methodology. This assessment considers the following key components:

- The evidence of delivery of expected clinical benefits from reference trials.
- The evidence of the magnitude of the quality of life gains from the therapy in comparison to standard of care or the best alternative treatment.
    - The magnitude of quality of life gains can include the impact on carers and direct family as appropriate.
- The evidence that the expected clinical outcome(s) and quality of life gains are sustained over an extended (sometimes life-long) period.
- All associated direct costs of treatment including life-long costs are appropriately considered.
    - Note: Indirect social costs are not factored into this process.
- There is a clear evidence base for the patient population that will benefit from treatment.
- There is an appropriate pricing offer. In some cases, there may be multiple submissions with adjustments to pricing and outcome models before a positive recommendation can be made.
- The magnitude of quality of life and costs are appropriately discounted to account for the relative impact of time.

3.3 Planning guidance for health boards

The information gathered from the horizon scanning and resource assessment will be formulated into planning guidance that will be issued to Welsh health boards and trusts. This will enable them to include appropriate reference to local implementation of forthcoming ATMPs in their annual integrated medium-term plans. WHSSC will work with the ATW Programme to support the planning and delivery of ATMPs in Wales and provide commissioning advice to the ATW Programme Board.

3.4 Gap analysis

The consolidation of the horizon scanning, and resource assessment will also be used to identify strategic gaps in capacity and/or capability that are required for the implementation of future ATMPs in Wales. This information will be used to inform the WHSSC ATMP commissioning strategy (to be developed) including the

medium-long term strategic plan for determining whether local or national delivery (likely via an NHS England provider) is most appropriate and sustainable.

3.5 Commissioning strategy

With a vast and varied pipeline of ATMPs on the horizon, WHSSC propose to develop an ATMP Commissioning Strategy to consider the future of ATMPs in Wales. While the current Welsh Government mandate is that all NICE recommended therapies are made available to the population of Wales, due regard is required to where these novel ATMP therapies are delivered from. The proposed strategy will consider which services are suitable and appropriate for delivery from a Welsh provider and which services will need to be delivered from a very small number of highly specialised designated providers (likely situated in England). The ATMP Commissioning Strategy will therefore aim to guide the balance between Welsh provision and UK provision, and help to identify the appropriate infrastructure required in order to deliver ATMPs sustainably.

The strategy will need to consider:

- The service areas where there is an aspiration, and the appropriate expertise and capability to deliver in Wales.
- The clinical critical mass required to ensure ATMP delivery can be sustained to the required standard, cost and outcomes.
- The range of service areas developed in a centre and associated inter-dependencies and efficiencies including support services availability.
- Which services will need to be delivered in NHS England by a very small number of highly specialised designated providers? This will be particularly relevant to rare diseases where patient numbers will be very small and not sustainable in multiple centres. WHSSC will develop a strategic partnership with NHS England to ensure that the needs of the Welsh population are factored into national planning for such services.
- The short- and long-term horizons need to be considered in deciding on the plan for the appropriate mix of in-Wales and NHS England delivery. Consideration should include how ATMPs are likely to develop and become more routine and/or relevant for local delivery in time – for example for more common diseases.
- The benefits of linking the provider strategy with the research and trial agenda. This may help gain an earlier and more detailed understanding of implementation requirements and preparedness if the ATMP subsequently gains a positive recommendation from NICE.

3.6 ATMP commissioning policies and service specifications

Following a positive recommendation by NICE, individual commissioning policies and service specifications will be developed for all recommended ATMPs. Each policy will be in the prescribed WHSSC policy format. Commissioning policies will

be in line with the published recommendations from NICE (or Welsh Government policy positions if different). To avoid duplication or conflict, service specifications will normally be based on the agreed NHS England specification, adjusted as appropriate for NHS Wales requirements and/or circumstances.

3.7 Service designation

As individual ATMPs are approved by NICE, WHSSC will designate a provider for the specific ATMP, in accordance with the principles set out in WHSSC's designated provider framework. This process involves engaging with local health boards to assess their desire, capacity and capability to deliver the treatment, seeking expressions of interest and inviting selected potential provider(s) to submit a business case for evaluation against the service specification.

In the case of rare diseases where patient numbers are very low, delivery by an NHS England provider may be deemed more appropriate. In these instances, the designated provider may be determined by NHS England, as it may only be feasible to sustain one or two providers on a UK basis. However, in making a final determination regarding provider designation, WHSSC will have due regard to the developing ATMP strategy in Wales, including the future potential for the provider being able to sustainably deliver a range of interdependent ATMPs in the future.

3.8 Capacity and service planning

Capacity and service planning for individual ATMPs will be coordinated with designated provider health boards and trusts to enable them to include appropriate reference to local ATMP implementation in their annual integrated medium-term plans. WHSSC will work with ATW to support the planning and delivery of ATMPs in Wales and will provide commissioning advice to the ATW Programme Board. The planning framework will be kept under review and updated in the light of experience in implementing ATMPs.

3.9 Contract development

WHSSC will develop a contract for the provision of the ATMP with the designated provider. The contract will include supply of the product and the treatment package to deliver the therapy to the patient.

The commissioner will use the agreed approval process for the particular ATMP, usually via the Blueteq process. The Blueteq process enables each case to be automatically assessed against a defined set of clinical criteria, that are consistent with the relevant commissioning policy.

The type of contracting mechanism used will likely be dependent on the type of ATMP and/or the volume of cases with a particular provider. For rare diseases with low patient numbers, contracting is likely to be on an individual approval process that will specify product price (including any agreed market access

authorisation (MAA) or equivalent process discounts). Standard agreed unit prices will be the norm for such cases. The commissioner will normally follow agreed national prices as determined by the Medicines Value Unit (MVU)[7] where they exist. Whereas, for indications with higher patient numbers, contracting may need to be bespoke to ensure that the capacity requirements for sustainable provision can be delivered. In these circumstances, step costs will be agreed for expected volumes and these incorporated into existing contracts via contract addenda.

Due to the very high up-front costs of these novel therapeutics, innovative payment models are being explored, including outcomes-based payment models (OBPM). WHSSC will work with the MVU, Welsh Government and NHS England to develop, test and implement OBPMs. Under the latest 2024 Voluntary Scheme for Branded Medicines Pricing and Access (VPAS)[8], a national agreement between the UK Government and the pharmaceutical industry, there is a commitment to deliver two innovative payment model pilots for ATMPs. WHSSC, in collaboration with the MVU will explore how such mechanisms could benefit NHS Wales and what Wales has to offer in their development – for example, a discrete measurable population with one health system.

The overall purpose of using an OBPM for contracting is to ensure that payment is made dependent on treatment success milestones. There are two main types of OBPM being considered:

- Phasing payments over an extended period. This is intended to spread the costs over a designated period designed to assess whether defined outcomes have been achieved and sustained. In its simplest form, an OBPM could include the provision to cease payments at a defined point in time if agreed outcomes are not met. This allows a greater degree of risk-sharing as compared to one-off up-front payments.
- Varying payments according to the level of defined outcomes being achieved. This approach could be used in combination with payment phasing outlined above.

There are many challenges associated with the introduction of OBPMs, including: the definition of success criteria that can be objectively measured, the additional data burden to substantiate the agreement and ensuring that the time period for follow up is deliverable in practise. This time period is important given the expectation that many ATMPs will have been recommended on the basis of providing life-long curative outcomes.

Currently, the full treatment cost for an ATMP is charged to revenue in the first year of commitment. However, OBPMs have the potential to transform the current

[7] The Medicines Value Unit sits within NWSSP: NHS Wales Shared Services Partnership

[8] 2024 Voluntary Scheme for Branded Medicines Pricing, Access and Growth (publishing.service.gov.uk) (Accessed 20231219)

systems. The full set of potential benefits of developing OBPMs will be realised following their implementation and importantly, will be further informed by treasury rules governing how payments are accounted for.

3.10 Performance monitoring

WHSSC will performance manage ATMPs delivered by Welsh providers through the established Service Level Agreement (SLA) process via quarterly meetings. The SLA process will consider performance against activity levels, waiting times, finance, quality and outcomes.

3.11 Quality and outcomes

As each ATMP is commissioned, WHSSC will set out the audit and outcomes requirements with Welsh providers. These will include the specific data requirements, measurement of outcomes and notification of any concerns or adverse incidents.

WHSSC are interested in evaluating the effectiveness and value provided by these innovative therapies through its ATMP Outcomes Programme. The programme aims to embed the principles of value-based health care into standard data collection by establishing an outcomes data framework for ATMPs that includes patient reported measures. Through collecting this data in standard reporting, the programme aims to gain a better understanding of the long-term efficacy and impacts of ATMPs and provides the opportunity for outcomes-based commissioning for ATMPs in the future. This data will also be utilised in collaboration with the MVU in the implementation of OBPMs, as outlined above.

In practise, the NICE evaluated cost-effectiveness of ATMPs depends on planned outcomes, such as quality of life and clinical outcomes, being achieved and sustained for long periods. Value-based outcomes assessment can inform subsequent NICE appraisals and willingness to invest, as well as identifying and recognising the positive financial benefits of the up-front investment.

3.12 Contract review

WHSSC will keep contracts under review to capture the lessons learned from implementation and ensure that safe and effective delivery can be sustained.

Report Title	**Chair's Report**	**Agenda Item**	3.1
Meeting Title	**Joint Committee**	**Meeting Date**	30/01/2024
FOI Status	Public		
Author (Job title)	Chair of WHSSC		
Executive Lead (Job title)	Committee Secretary and Associate Director of Corporate Services		

Purpose of the Report	The purpose of this report is to provide Joint Committee members with an update of the issues considered by the Chair since the last Joint Committee meeting.				
Specific Action Required	RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☒	INFORM ☒

Recommendation(s)

Members are asked to:

- **Note** the report.

CHAIR'S REPORT

1.0 SITUATION

The purpose of this report is to provide Joint Committee members with an update of the issues considered by the Chair since the last Joint Committee meeting.

2.0 BACKGROUND

At each Joint Committee (JC) meeting, the Chair presents a report on key issues that have arisen since its last meeting.

3.0 ASSESSMENT

3.1 Key Meetings

I have attended the following meetings:

- Regular catch up meetings with WHSSC IMs, IPFR Panel Chair and WKN Chair,
- Regular bi-monthly meetings with the Chair of the QPS Committee,
- National Commissioning Implementation Board Meeting (Monthly),
- National Commissioning Oversight Board Meeting (Monthly),
- Chairs' Peer Group meeting; and
- Joint Chairs/Vice Chairs/CEOs meeting with Llais

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

Governance and Assurance	
Link to Strategic Objectives	
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	All
Institute for HealthCare Improvement Quadruple Aim	Not applicable
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring the Joint Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	There is no direct financial/resource impact from this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no specific legal implications relating to any of the issues outlined within this report.
Long Term Implications (incl WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome	**-**
Appendices	-

Report Title	**Managing Director's Report**	**Agenda Item**	3.2
Meeting Title	**Joint Committee**	**Meeting Date**	30/01/2024
FOI Status	Public		
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning		

Purpose of the Report	The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting.				
Specific Action Required	RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☒	INFORM ☒

Recommendation(s):

Members are asked to:

- **Note** the report.

MANAGING DIRECTOR'S REPORT

1.0 SITUATION

The purpose of this report is to provide the Joint Committee with an update on key issues that have arisen since the last meeting.

2.0 BACKGROUND

At each Joint Committee meeting, the Managing Director presents a report on key issues that have arisen since its last meeting. The purpose of the Managing Director's report is to keep the Joint Committee up to date with important matters related to WHSSC. A number of issues raised within this report may also feature in more detail within the Corporate Directors' reports as part of the Joint Committee's business.

3.0 ASSESSMENT

3.1 Increased thrombectomy access for Welsh patients in Bristol

North Bristol NHS Trust have informed us that from 15 January 2024 they are able to offer access to thrombectomy for Welsh patients from 6.00am to 12.00am, with the last referral being accepted at 9.00pm in order that procedures can be completed by 12.00am. Currently the service accepts patients at 8.00am.

Access to thrombectomy is increasing in south Wales with an average between December 2023 to June 2024 of 3.3 patients per month and for July to November 2023 an average of 6.0 patients per month. However, the overall annual rate is 2.18% of stroke patients accessing thrombectomy which is still well below the target of 12.5%.

3.2 NHS Wales Joint Commissioning Committee Implementation

We have been informed at the National Commissioning Review Oversight Board that it is unlikely that the Organisational Change Policy (OCP) process will be complete by 1 April 2024 and therefore a transitional model will be put in place. Development of the model will be undertaken by Welsh Government with 'sign off' by the Director General of NHS Wales. This work will be completed in the next few weeks.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Care for those with the greatest health need first Only do what is needed Reduce inappropriate variation
NHS Delivery Framework Quadruple Aim	Choose an item. Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.
Finance/Resource Implications	There is no direct financial/resource impact from this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc.)	There are no specific legal implications relating within this report.
Long Term Implications (incl. WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome	**-**
Appendices	-

Report Title	**Delivering Mechanical Thrombectomy Capacity in South Wales (Phase 1)**	**Agenda Item**	3.3
Meeting Title	**Joint Committee**	**Meeting Date**	30/01/2024
FOI Status	Open		
Author (Job title)	Specialised Planning Manager, Neurosciences and LTC Services		
Executive Lead (Job title)	Director of Planning and Performance		

Purpose of the Report	The purpose of this report is to seek approval to establish phase 1 of a regional Mechanical Thrombectomy (MT) centre in South Wales.				
Specific Action Required	RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☐	INFORM ☒

Recommendation(s):

Members are asked to:

- **Note** the report,
- **Note** the financial framework to support the development of a Mechanical Thrombectomy centre for South Wales,
- **Note** the benefits and risks associated with the investment,
- **Approve** the funding to establish Phase 1 of a local Thrombectomy service for the South Wales region as included in the Integrated Commissioning Plan (ICP) 2024/25; and
- **Approve** the proposal for a post-implementation commissioning evaluation for Phase 1 of the commissioned service.

EXECUTIVE SUMMARY

Mechanical Thrombectomy (MT) is a time critical procedure for stroke treatment and patients should have access to a designated Thrombectomy centre 24/7 to optimise patient outcomes. The value and health benefit of MT is well-researched and documented. A local Thrombectomy centre located in South Wales will support the delivery of the strategic priorities of regional vision for stroke services, as well as supporting the sustainability of the regional neurosurgery centre via the critical interdependencies with the Interventional Neuroradiology service.

The development of a local centre has been a priority in the WHSSC Integrated Commissioning Plan (ICP) for a number of years and the Joint Committee has previously received a report on the phased approach (over 4 phases) to its development in tandem with a networked model commissioned from North Bristol NHS Trust. The business case received from CVUHB supports delivery of 78 cases per year in Phase 1 and requires an element of pump priming. A commissioning evaluation will take place after Phase 1 is implemented before further phases are proposed. However, there are economies of scale that arise from implementing all 4 phases.

The full year investment required for Phase 1 is £2.583m which will require a 2024/25 part year additional investment of £1.992m against the current baseline Thrombectomy provision in the ICP for 2023/24. The costs of Phase 1 are higher than the NHS England (NHSE) benchmarks due to the immature delivery of the national service vision for stroke in Wales including the provision of specialist stroke centres and Hyper Acute Stroke Units (HASUs). Due to the lack of a HASU in CVUHB this is expected to drive a higher than expected usage of critical care capacity for recovering Thrombectomy patients and a need to pump-prime the development in Phase 1.

The benefits and risks of the investment are clearly laid out in this report and the Joint Committee are asked to approve the funding to establish Phase 1 of a local Thrombectomy service for the South Wales region as included in the ICP 2024/25, to proceed with the investment.

DELIVERING MECHANICAL THROMBECTOMY CAPACITY IN SOUTH WALES (PHASE 1)

1.0 SITUATION

The purpose of this report is to seek approval to establish phase 1 of a regional Mechanical Thrombectomy (MT) centre in South Wales.

2.0 BACKGROUND

WHSSC has been responsible for commissioning MT for the Welsh population on behalf of the seven Health Boards (HBs) since April 2019. MT services are currently commissioned from NHSE providers:

- The Walton Hospital for the population of North Wales (a 24/7 service),
- The North Bristol Foundation Trust (NBFT) for the population of South Wales (currently an 6am-12midnight service, with a 24/7 service planned for 2024); and
- The University Hospitals of Birmingham NHS Foundation Trust (UHBNFT) for the population of Powys.

MT is an effective treatment for stroke and can reduce brain damage and prevent or limit long term disability. MT aims to restore blood flow by removal of the clot blocking the artery in the brain, using a revascularisation device. This procedure is typically administered in combination with other medical treatments such as clot-busting drugs (thrombolysis) and non-thrombolytic care, depending on the patient's risk of vascular complications; with evidence of increased survival post-stroke after MT treatment.

NHSE historically forecasted that 10% of stroke patients will be eligible for MT. For Wales, this equals 500 eligible patients per year; on a population basis of approximately 333 for South Wales and 167 for North Wales. In May 2023 new National Clinical Guidelines for Stroke services were published, which extended the access criteria for a MT. The result is that the number of patients eligible for MT will inevitably increase across Wales; the gold standard is to achieve 12.5%.

The clinical case for change for commissioning MT services in a prudent and optimised way is clear:

- Stroke is estimated to cost NHS Wales £220 million annually; and for all sectors of the Welsh economy this is a combined £1.63 billion (£45,409 per patient in the first year). The latter cost is forecast to rise to £2.8bn by 2035 if no action is taken to mitigate against this,
- The Thrombectomy rate in Wales is only 2.4% (Oct 2023- taken from the NHS Wales Delivery Unit Dashboard), compared to the NHSE forecast of 10%. Over 10 years, reaching the 10% forecast would enable 300 extra patients to live independently per year. A recent study by Guijarro et al

demonstrated that utilising Thrombectomy for eligible patients represents a saving of £47,000 per patient, over a 5-year period. If Welsh targets are met this would equate to a saving of £350 million over the 10-year period,

- In 2017 a cost effectiveness analysis of over 260,000 ischemic stroke cases eligible for MT treatment across 32 European countries found that in most countries (including the UK) MT was dominant over standard care (i.e. it generated cost savings and was more effective),
- In the UK the probability of the Incremental Cost Effectiveness Ratio (ICER) for MT being below the National Institute for Health and Care Excellence (NICE) cost-effectiveness threshold of £20,000 was 100%,
- MT has been recommended by European guidelines and by the NICE as the preferred treatment of acute ischaemic stroke, particularly for large-vessel occlusions; and
- The overall rate of independent functional outcome (mRS 0–2) at 90 days is about 20% greater with MT than with best medical therapy alone (which in most cases included intravenous thrombolysis); and about half of patients achieve very good outcomes after MT.

The low Thrombectomy rate in Wales is in line with immaturity of the wider system and pathways for stroke in Wales compared to NHSE, which mean that outcomes for Welsh patients are not maximised. These include difficulties with meeting the Sentinel Stroke National Audit Programme (SSNAP) audit targets for thrombolysis, provision of and admission to specialist stroke units, longer lengths of stay and lack of consistent Early Supported Discharge.

In February 2022, the NHS Wales Collaborative Executive Group (CEG) described the vision for stroke services across Wales to establish Comprehensive Regional Stroke Centres (CRSCs) and four Stroke Operational Delivery Networks (ODNs). This is designed to improve the pathways across Wales including access to Thrombectomy, thereby improving outcomes.

In addition, the direct benefits to stroke patients of a regional Thrombectomy service as part of improving the stroke pathway for South Wales, is a key strategic development for specialised services in South Wales. It will support CVUHB to be able to continue to provide neurosurgery services for the South Wales population. The provision of a local Thrombectomy service is an important enabler for recruitment to a sustainable Interventional Neuroradiology (INR) service, and a sustainable INR service is essential for the provision of neurosurgery services at CVUHB for the South Wales population.

For the reasons described above, the development of regional Thrombectomy services for the South Wales population has been an agreed priority in the WHSSC ICP over a number of years. In October 2020, the Management Group agreed to appoint a Project Manager to initiate and scope a MT service at the Neurosciences Centre, CVUHB. Due to the pandemic, work started in earnest in 2021, culminating in a MT workshop being held in March 2022. Subsequently, WHSSC worked collaboratively with CVUHB to develop a MT Centre business case for the phased implementation of a regional service, in conjunction with the networked

commissioning of services from North Bristol NHS Trust (NBNT). The financial model was shared by CVUHB earlier in 2023 and has been scrutinised and challenged. The final business case was received in August 2023.

3.0 ASSESSMENT

At present there are a limited number of MTs undertaken on an ad-hoc basis in CVUHB between the hours of 9-5pm. The service is only available for Cardiff and Vale residents and is not formally funded or commissioned by WHSSC.

In March 2023 the Joint Committee received a Position Statement ***(Appendix 1)*** on Thrombectomy which outlined the following phases of commissioning the CVUHB service, in partnership with NBNT, as outlined below:

- Phase 1: 9am-5pm Mon-Fri service when there are 3 INR Consultants in post,
- Phase 2: 8am-8pm Mon-Fri service when there are 4 INR Consultants in post,
- Phase 3: 8am-8pm 7 days/week when there are 5 INR Consultants in post; and
- Phase 4: 24 hour 7 days/week when there are 6 INR Consultants in post.

The report acknowledged that there will be a requirement to 'pump-prime' the CVUHB MT Centre through the implementation (Phase 1) stage. The WHSSC team will undertake a post-implementation commissioning evaluation after Phase 1 to make a recommendation as to whether to proceed to further phases. The readiness to proceed to each phase thereafter will be assessed based on the development of regional stroke services, workforce, financial and operational issues. This will ensure that the whole stroke clinical pathway is aligned with the development of Comprehensive Regional Stroke Centres, HASUs and Stroke ODN services, as there may be opportunities for economies of scale.

3.1 The Service Model

Phase 1 of the development will provide a Monday to Friday 9-5pm service at CVUHB, with the NBNT providing a wraparound service from 6am-9am and 5pm to midnight. NBNT have indicated they are unable to provide a 24/7 service until at least March 2024 due to workforce requirements.

The number of Thrombectomies undertaken at NBNT for the South Wales population has increased significantly since April 2023. In 2022/23 there were 32 reported cases delivered. At Month 7 2023/24 there were 35 SSNAP reported cases undertaken with a forecast figure of 70 cases. This is not a straight line forecast due to:

- an extension of the hours of the provision at NBNT (up to midnight) which came into effect in May 2023 and from 8am to 6am (15th January 2024); the benefit of which is still being fully realised; and
- the implementation of Artificial Intelligence (AI).

The Cardiff and Vale Phase 1 development is planned to deliver 78 cases per annum. ***Table 1*** shows the projected MTs per phase at CVUHB.

Table 1: Projected Thrombectomies per phase at CVUHB

Thrombectomy Delivery	Phase 1	Phase 2	Phase 3	Phase 4
Projected thrombectomies per phase	78	117	202	385
Opening Hours	9am - 5 pm Mon-Fri	8am-8pm Mon-Fri	8am-8pm 7 days	24/7
Target %	2.5	3.8	5.3	10.0

CVUHB has given assurance on the delivery of 78 cases in Phase 1, learning from the implementation of other services such as Cardiology (PCI) which demonstrated significant growth once a local service is established. The recent growth in Thrombectomy cases confirmed by the NBNT data also supports this assumption. CVUHB also intend to create a network approach with other HBs, to provide education and training to the local teams so that this would increase the number of patients referred for a Thrombectomy. There will also be reduced transfer times for patients who previously may have missed the time-critical window for treatment at NBNT, particularly for patients from west Wales.

The extension of the new National Clinical Guidelines for Stroke Services has extended the access criteria for a MT inevitably this will increase the number of patients accessing the service. Three centres in Wales have recently had access to AI capabilities. It has already demonstrated it can reduce the decision making time for both thrombolysis and Thrombectomy, increasing the number of patients eligible for both interventions and improving the likely benefit of treatment.

A number of previous constraints to delivery have been resolved or mitigated, although the appointment of a 3rd INR remains an outstanding issue due to the inability to recruit. The service is continuing to implement innovative solutions to recruit to the INR Consultant posts focusing on international recruitment opportunities and attracting new UK consultants.

3.2 Workforce Requirements

In 2022/23 the Cardiff service delivered 16 cases without commissioned funding for the workforce baseline, using 'ad hoc' arrangements from the current workforce. The business case describes the additional workforce uplift across the professional groups for each phase to provide a reliable, sustainable service. ***Table 2*** below shows a summary of workforce requirements for Phase 1.

Table 2 - Workforce requirements across each professional group for phase 1

Professional Group	WTE	£
Radiology excl. devices	5.8	425,613
Medicine	7.5	482,276
Peri- Operative Care	3.42	351,304
Therapies and AHP	3.4	167,571

Professional Group	WTE	£
WAST	1.00	113,205
Total	**21.12**	**1,539,969**

Appendix 2 describes the workforce requirements and posts in more detail.

3.3 Critical Care Requirements

The business case assumes that 30% of Thrombectomy patients may require a bed in critical care following the procedure. This figure is much higher than expected when compared to other NHSE centres where stroke services have already been fully developed as Comprehensive Regional Stroke Centres (CRSC), which have access to HASUs. This is not currently the case in the South Wales region.

In order for CVUHB to host the regional Thrombectomy centre, the stroke unit at the University Hospital for Wales (UHW) will need to be able to meet the care requirements for cases for up to 72 hours post-procedure and/or until repatriation to the referring centre. The current stroke unit in CVUHB does not meet the HASU standards and does not have the required staffing resource. As a result, patients will need to access a more costly critical care bed.

As the stroke services develop in South Wales with the establishment of a Comprehensive Regional Stroke Units with operational HASUs, critical care costs will reduce as patients will be cared for in the HASU. These savings could be used in future to offset the development of further phases of the regional Thrombectomy development.

3.4 Financial Framework

As described above, there will be a requirement to 'pump prime' the CVUHB MT Centre through the Phase 1 in order for the service to deliver 78 cases per year, at the same time as maintaining and expanding the NBNT provision to cover the remaining hours of the 24/7 period.

The investment required to establish phase 1 of the Cardiff service and the anticipated phasing is set out against the current ICP provision in ***table 3*** below. The projected activity for CVUHB/NBNT networked service for the period between 2023/24 to 2025/26 is forecast to increase from 100 to 178 cases. This is below the 10% target due to the lack of 24/7 access for the south Wales population however with the potential of extending the access at NBNT during 2024/25 this will lessen that gap. The NHSE projection for the south Wales population would be in the region of 333 cases per year based on a 24/7 Thrombectomy service. Achievement of the 333 cases will be challenging due to the under development of stroke services across the region and the appointment of the 3rd Neuro-interventional Radiologist.

Table 3 - Investment required to establish phase 1 of the Cardiff service

	2023/24 £m	2024/25 £m	2025/26 £m
2023/24 ICP Provision	**2.400**	**2.400**	**2.400**
North Bristol Costs	3.100	3.100	3.100
C&V Business Case Phase 1	0.000	1.292	2.583
Total South Wales Thrombectomy Activity	3.100	4.392	5.683
Funding Gap/ ICP Investment Required	**(0.700)**	**(1.992)**	**(3.283)**

Activity Forecast	**2023/24**	**2024/25**	**2025/26**
Cardiff	0	36	78
North Bristol	100	100	100
Total Activity Forecast	**100**	**136**	**178**
Cost per Case	**0.031**	**0.032**	**0.032**
	2023/24 £m	**2024/25 £m**	**2025/26 £m**
Potential Inferred System Saving (stroke rehab)	**(4.400)**	**(5.984)**	**(7.832)**
Thrombectomy Funded Baseline	3.100	4.292	5.583
Net System Saving	**(1.300)**	**(1.693)**	**(2.249)**

As described previously there will be a commissioning evaluation after Phase 1 to establish whether the operational and financial assumptions and benefits are still aligned with the original business case before committing to further phases.

When taken across all phases, compared to the current arrangement with NBNT the comparison is favourable. Due to the required 'pump priming', the cost per case in Phase 1 would initially be £21,425, reducing through the phases due to the increase in throughput of patients to £11,320 by Phase 4 which will be comparable with the published tariff in England of £10,466.

3.5 Benefits Summary

3.5.1 Commissioner Benefits

- The investment in this scheme to designate CVUHB as the regional MT centre for South Wales will support the agreed national vision for stroke services including the CRSC including a HASU at the UHW site,
- The agreed vision is designed to improve outcomes for stroke patients across Wales and the provision of MT improves survival post-stroke,
- Thrombectomy improves health benefit, reduces disability and cost to the healthcare system and to the economy of Wales more generally,
- The service will become more economical on a cost per case basis as it grows. Initial development costs will partially offset the associated socio-

economic burden with the aggregate cost of stroke, including long-term healthcare, rehabilitation and loss of employment,
- Establishing a Thrombectomy centre in South Wales will support the stability of the INR service at CVUHB, aiding recruitment to support the development of a sustainable consultant workforce and ensure the neurosurgery service is maintained; and
- There will be reduced transfer times for patients who previously would have accessed services at NBNT and as a consequence improved patient quality and outcomes, particularly for patients from west Wales.

3.5.2 Provider and Operational Benefits

- The business case forecasts that there will be 78 cases treated in Phase 1; a volume of work that satisfies the recommended numbers for maintaining competency and training,
- There will be optimal levels of staffing across all professional groups to support the infrastructure of a thrombectomy service. This will relieve workload pressures in the other specialties which were previously used to support the 'ad hoc' arrangements of the thrombectomy service,
- Workforce planning will be futureproofed for the anticipated increase in workload once a service has commenced and the inevitable effect of extending time windows for intervention as advancements in therapies emerge,
- MT is a time critical procedure with best outcomes delivered to those patients who receive timely intervention. Establishing a thrombectomy service at the UHW will reduce transportation times for the Welsh Ambulance Services trust (WAST) thus improving the door to groin time puncture (DTP) time and releasing ambulances for other duties,
- An uplift in the acute stroke staffing for example the Clinical Nurse Specialist and Stroke Consultant sessions at the "front door" will facilitate improved flow of patients through the pathway,
- Improvement in efficiencies and value for money reducing the burden on rehabilitation and long term healthcare requirements due to the service being more accessible for patients,
- Adoption of cutting-edge technological innovation including advancements in AI and neuro interventional robotic solutions will have significant benefits for streamlining the clinical pathway, increase patient survival rates and assist rapid recovery deployment of AI. This was made operational in CVUHB, BCUHB during October 2023 and in SBUHB In November 2023, with most of the other south Wales hospitals "going live" by the end of December 2023. Both Bristol and the Walton centre have AI technology already in place.

3.6 Risks

3.6.1 Risks of proceeding

- **Stroke Pathways** - There is a significant risk that if NHS Wales fails to progress stroke services to achieve national standards aligned to the National Clinical Guidelines for Stroke services, this will have a major

impact on the delivery of the required critical mass for the Thrombectomy centre in South Wales. The success of the service rests on the development of the Comprehensive Regional Stroke Networks working across appropriately defined geographies that are centred on the CRSC's that will incorporate designated Acute Stroke Units (ASU). CVUHB recognises the shortcomings of the current stroke provision and will continue to improve the pathway for stroke patients to ensure the successful implementation of a Thrombectomy service,

- **Workforce** – there is an uplift required in workforce to deliver the investment and this will need to be carefully planned and delivered by CVUHB, with innovative approaches used to recruit to the INR post,
- **Service interdependencies** – the CVUHB model is dependent on the availability of critical care capacity and this will need to be carefully planned and managed; and
- **Transport** - There is a need for continued engagement and collaboration with the WAST, to ensure that WAST can manage the growth in demand due to the expansion of the Thrombectomy eligibility criteria, particularly as patients will need to be promptly repatriated back to their local HB following treatment (i.e. within a 24 hour target). A similar operating procedure is in place for the Major Trauma Centre (MTC) at CVUHB and more latterly the South Wales Spinal Network, where it has been an effective tool in the management of patient flow.

3.6.2 Risks of not proceeding

- **NBNT Capacity –** the new national guidance, and the introduction of AI diagnostics will increase the demand for MT from the entire NBNT catchment area. The provider has already informally stated that they will be unable to meet all the demand from the South West of England and South Wales as demand grows,
- **Stroke Outcomes –** there is a risk that stroke outcomes for the Welsh population will remain poor if a local Thrombectomy service is not provided for the whole population of South Wales,
- **Equity** - Equity of access will not be achieved if the current existing service delivery arrangements remain in place where residents of CVUHB can access a non commissioned Thrombectomy service, whilst the remaining South Wales population access treatment at NBNT,
- **Workforce** - Delivery of other regional services provided by CVUHB (e.g. Major Trauma, Regional Vascular hub) within the current workforce are being compromised when the hospital is presented with an urgent Thrombectomy case; and
- **INR** - continuing with the existing arrangements in south Wales could de-stabilise the existing fragile INR service, and will not provide equity of access across the region. National shortages of key staff across the UK will make it more difficult to recruit to these highly specialised posts if a Thrombectomy centre is not established in South Wales. The loss of the INR service at CVUHB would have a significant consequence for the delivery

of neurosurgery and neurovascular service and raise concerns about the critical mass of the neurosurgical centre in South Wales.

3.7 Next Steps

WHSSC will revise the current Thrombectomy Policy to align the eligibility criteria with the National Clinical Guideline for Stroke 2023[1] and the clinical pathway to reflect the new service delivery model.

A MT Service Specification will be developed in Quarter 4 2023/24, which will be available when the Cardiff Thrombectomy centre is operationalised, subject to WHSSC Policy Group sign off.

A robust MT Repatriation Policy will be developed with clear lines of responsibility to ensure delivery of a safe and effective service across the patient pathway. The operational policy will define the principles which support MT repatriation from the Tertiary centre to the referring local acute stroke units (i.e. timely patient transfer, this is key to maintaining valuable resources and the flow of patients through the pathway). The local acute stroke units have a duty of care to ensure that there is a single point of contact to enable effective and prompt repatriation from the tertiary Thrombectomy centre. This will ensure access to the Thrombectomy centre is maintained.

3.8 Conclusion

MT is a time critical procedure for stroke treatment and patients should have access to a designated Thrombectomy centre 24/7 to optimise patient outcomes. The value and health benefit of MT is well-researched and documented. A local Thrombectomy centre located in South Wales will support the delivery of the strategic priorities of regional vision for stroke services, as well as supporting the sustainability of the regional neurosurgery centre via the critical interdependencies with the Interventional Neuroradiology service.

The development of a local centre has been a priority in the WHSSC ICP for a number of years and the Joint Committee has previously received a report on the phased approach (over 4 phases) to its development in tandem with a networked model commissioned from NBNT. The business case received from CVUHB supports delivery of 78 cases per year in Phase 1 and requires an element of pump priming. A commissioning evaluation will take place after Phase 1 is implemented before further phases are proposed. However, there are economies of scale that arise from implementing all 4 phases.

The full year investment required for Phase 1 is £2.583m which will require a 2024/25 part year additional investment of £1.992m against the current baseline Thrombectomy provision in the ICP for 2023/24. The costs of Phase 1 are higher than the NHSE benchmarks due to the immature delivery of the national service vision for stroke in Wales including the provision of specialist stroke centres and

[1] National-Clinical-Guideline-for-Stroke-2023.pdf (strokeguideline.org)

HASUs. Due to the lack of a HASU in CVUHB this is expected to drive a higher than expected usage of critical care capacity for recovering Thrombectomy patients and a need to pump-prime the development in Phase 1.

The benefits and risks of the investment are clearly laid out in the report and the Joint Committee are asked to approve the funding in the context of the ICP 2024/25 to proceed with the investment.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the financial framework to support the development of a Mechanical Thrombectomy centre for South Wales,
- **Note** the benefits and risks associated with the investment,
- **Approve** the funding to establish Phase 1 of a local Thrombectomy service for the South Wales region as included in the Integrated Commissioning Plan (ICP) 2024/25; and
- **Approve** the proposal for a post-implementation commissioning evaluation for Phase 1 of the commissioned service.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Implementation of the Plan
Link to Integrated Commissioning Plan	Yes
Health and Care Standards	Safe Care Effective Care Timely Care
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Reduce inappropriate variation Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	To ensure sustainability and deliverability of the Mechanical Thrombectomy service to improve patient outcomes.
Finance/Resource Implications	The financial framework for the Cardiff Mechanical Thrombectomy centre is described in the paper.
Population Health	Delivery of Mechanical Thrombectomy services in a time critical manner will improve patient outcomes and quality of life. All components of the clinical pathway need to be effective and efficient to streamline processes to achieve the desired outcomes.
Legal Implications (including equality & diversity, socio economic duty etc)	To ensure an equitable service is being accessed by all patients across Wales.
Long Term Implications (incl WBFG Act 2015)	-
Report History (Meeting/Date/ Summary of Outcome	-
Appendices	Appendix 1 **-** Joint Committee Report – March 2023 – Thrombectomy Position Statement Appendix 2 – Workforce Infrastructure for the Mechanical Thrombectomy Service

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

WHSSC POSITION STATEMENT ON THE COMMISSIONING OF MECHANICAL THROMBECTOMY

1. Purpose of document

This paper provides details of:

- The current commissioning arrangements for access to Mechanical Thrombectomy, for the population of Wales.
- The plan for the phased development of a Mechanical Thrombectomy service at the Neurosciences centre in South Wales.
- The current numbers of Welsh patients receiving Mechanical Thrombectomy
- Steps that have been taken and are being taken to improve flow along the Stroke pathway.

2. Background

There are around 5,000 confirmed stroke events in Wales each year and approximately one quarter of these occur in people under the age of 65 years. NHS England are forecasting that 10% of Stroke patients will be eligible for Thrombectomy, which extrapolated for Wales, would see 500 patients per year eligible when all elements of the stroke pathway are fully embedded. For every 4 to 6 people with an acute ischaemic stroke who present with an identifiable occlusion in the anterior cerebral circulation who undergo mechanical thrombectomy, one more person will be functioning independently at three months compared with if they had received intravenous thrombolysis alone.

Current service

Welsh Health Specialised Services Committee (WHSSC) commissions Mechanical Thrombectomy for people of all ages with acute Ischaemic Stroke in accordance with the criteria outlined in the Commissioning Policy: CP168, Mechanical Thrombectomy.

A Mechanical Thrombectomy service for the population of North Wales is currently commissioned from the Walton hospital, and this is a 24/7 service.

A Mechanical Thrombectomy service for the population of South Wales is currently commissioned from North Bristol Foundation Trust and this is currently an 8am-8pm service, with a 24/7 service planned to be

operational in Bristol from December 2022. Further work is underway to clarify when this extension will be available to South Wales patients.

3. Proposed plan for a Mechanical Thrombectomy service at the Neurosciences centre at C&VUHB

With the proportionate anticipated demand for Mechanical Thrombectomy for South Wales being in the region of 350 patients/year (pending the anticipated improvements in the pathway), WHSSC plan to commission a Mechanical Thrombectomy service for the population of South Wales at the Neurosciences centre in Cardiff. However, the development of this service is currently constrained by a shortage of Interventional Neuroradiologists (there are currently only two Consultants in Cardiff). WHSSC is working with the National Clinical Lead for Stroke, colleagues at Cardiff and Vale UHB and Health Education and Improvement Wales on imaginative and flexible workforce solutions, in order to create an attractive workplace for specialist trained staff which will be key in establishing the required 24/7 specialist rota in a globally competitive employment market. One option currently being explored is a scheme developed by colleagues in Scotland for training Interventional Radiologists to undertake Mechanical Thrombectomy.

It is intended that the CVUHB service will be developed in a phased approach, in a partnership arrangement with Bristol, as outlined below:

- Phase 1: 9am-5pm Mon-Fri service when there are 3 INR Consultants in post,
- Phase 2: 8am-8pm Mon-Fri service when there are 4 INR Consultants in post,
- Phase 3: 8am-8pm 7 days/week when there are 5 INR Consultants in post,
- Phase 4: 24hour 7 days /week when there are 6 INR Consultants in post,

It is proposed that after Phase 1 implementation, a gateway review will be undertaken to establish whether the operational and financial assumptions are still aligned to the original business case, before committing and progressing to phases 2, 3 & 4. The readiness to proceed to each phase thereafter will be assessed based on the development of regional stroke services, workforce, financial and operational issues. There is an agreement from Bristol to work with Cardiff in ensuring 24/7 access to Thrombectomy as the service is established.

A full financial appraisal has been received from Cardiff, WHSSC are currently working with the team to understand the assumptions made within the model.

WHSSC would expect to pump prime the Cardiff service through the implementation stage but further work is being undertaken on the sustainable contractual agreement.

A sustainable interventional neuroradiology/radiology service for Thrombectomy requires:

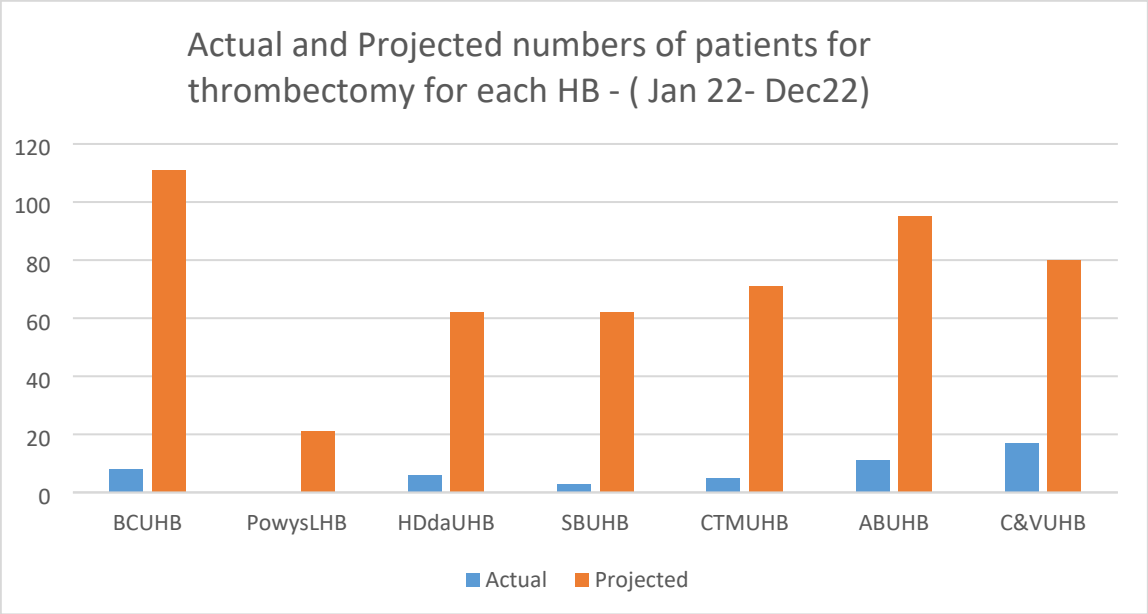
- A volume of work that satisfies the agreed numbers for maintaining competency and training.
- Workforce planning futureproofed for the anticipated increase in workload once a service has commenced and the inevitable effect of extending time windows for intervention as advancements in therapies emerge.
- Cognisance that 60% of potential cases will present out of hours - work patterns, job plans and rotas will need to reflect this in order to provide equity of access and avoid the "weekend effect".
- Adoption of cutting-edge technological innovation including advancements in Artificial Intelligence (AI) and neurointerventional robotic solutions- deployment to be completed by June 2023.
- Consideration of the need to establish additional 'Thrombectomy' centres in Wales, based on the number of eligible patients, which will need to be reviewed on an annual basis.
- Other challenges highlighted at the recent Thrombectomy Wales Oversight Group meeting in February 2023:
- C&V UHB are unable to perform CTP at the moment due to imaging software issues. This is being investigated by the team.[1] (CTP is used for advanced brain imaging for patients who meet the eligibility inclusion criteria and who present >6 hours and<24 hours from onset of symptoms). Access to AI would negate the issue where CTP was not available. CTP is being progressed by all Health Boards.
- Patients presenting late to be transferred to Bristol and complications with the transfer to Bristol due to patients presenting late in the afternoon and by the time they arrive at Bristol they would be outside of the access hours for treatment. Expediting the access to 24/7 would mitigate this issue.
- Need to establish a Clinical Pathway case management presentation by each Health Board to support education and training for clinicians. *[NB The inaugural case management presentation was conducted in February 2023]*.
- Effective Superstat reporting by Everlight to be turned around in 30 minutes - one of the pathway standards. Currently there are intermittent delays reported by the referring hospitals. Refining the reporting process will mitigate this risk.
- CT and CTA scanning done in tandem - A recent update from the Delivery Unit has indicated that most referring hospitals are achieving this standard.

[1] https://whssc.nhs.wales/commissioning/whssc-policies/all-policy-documents/mechanical-thrombectomy-for-the-treatment-of-acute-ischaemic-stroke-commissioning-policy-cp168-march-2022/

4. Mechanical Thrombectomy activity for the population of Wales

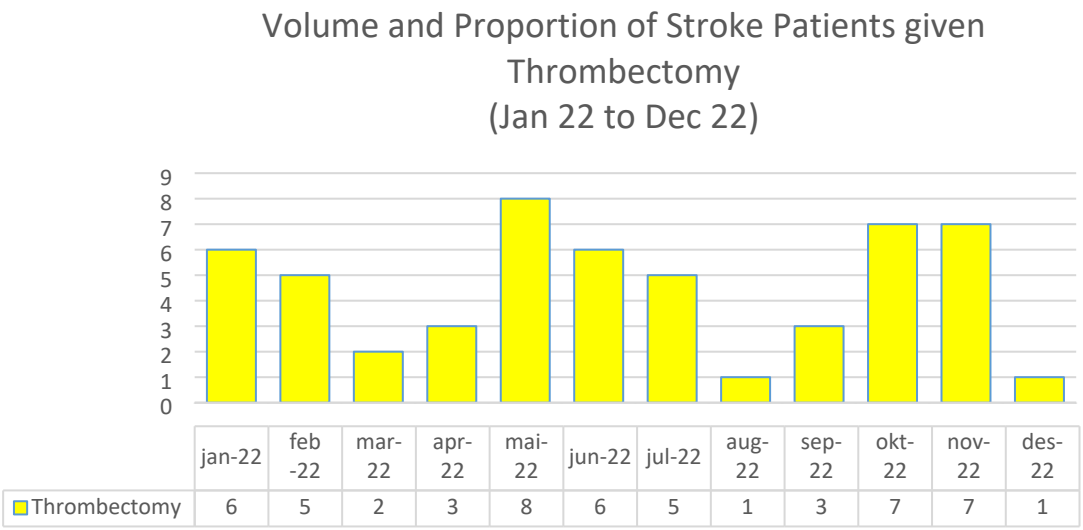
All patients eligible for Thrombectomy should receive the intervention with the minimum delay in order to optimise outcomes. However, as shown below patients in Wales are not progressing through the pathway in the required timeframe, and are therefore not benefiting from Thrombectomy, even though they have commissioned access.

Table 1: The number of Welsh patients who have received Thrombectomy compared with the projected number who should have based on the fact that 10% of stroke patients are eligible for Thrombectomy



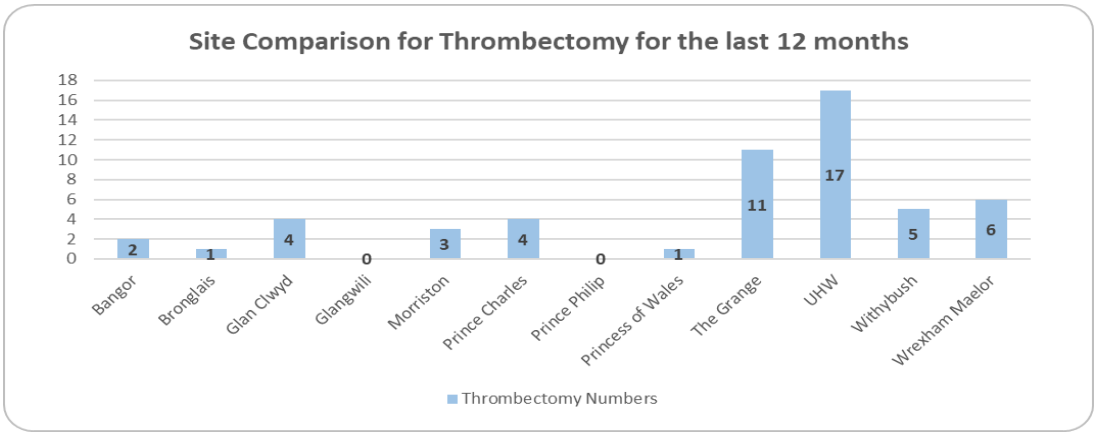
- *Projected figures are based on Health Board population size and the 10% Thrombectomy target.*

Table 2: shows the volume of patients receiving a Thrombectomy – based on the fact that 10% of stroke patients can benefit from Thrombectomy, there should be over 40 Welsh patients per month receiving Thrombectomy



	jan-22	feb -22	mar-22	apr-22	mai-22	jun-22	jul-22	aug-22	sep-22	okt-22	nov-22	des-22
Thrombectomy	6	5	2	3	8	6	5	1	3	7	7	1

Table 3: illustrates the number of patients receiving a Thrombectomy per Health Board as at December 2022



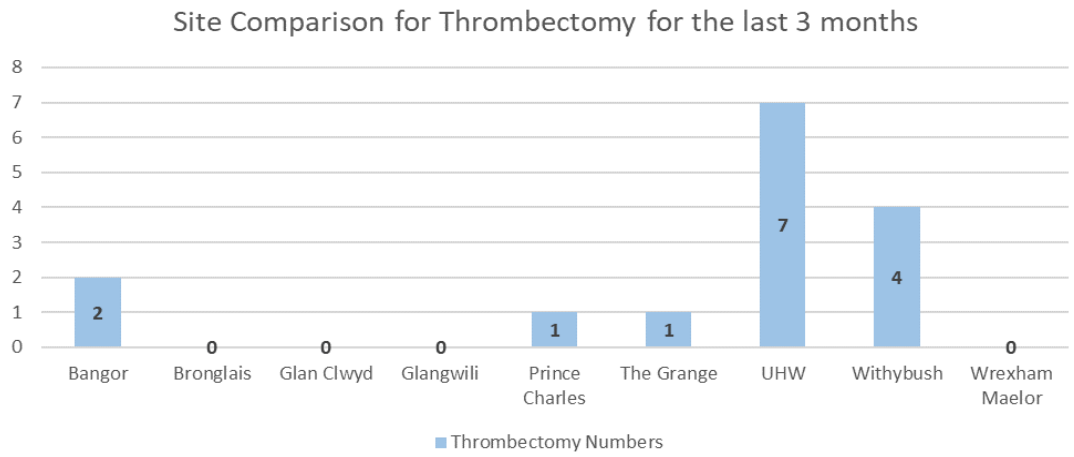
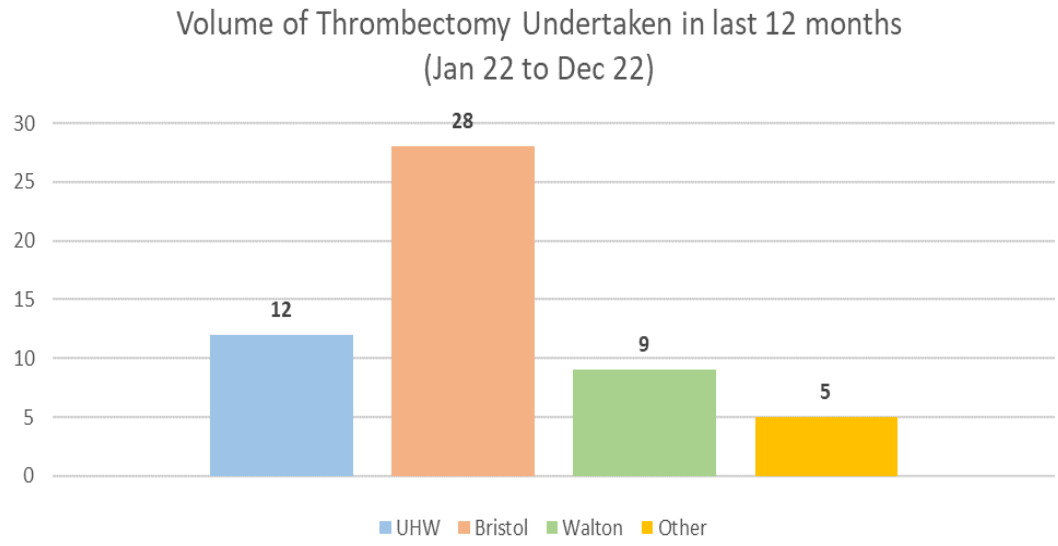


Table 4: illustrates the volume of Thrombectomy undertaken in the last 12 months by site – (Jan 22- Dec 22)



There is therefore currently a sustained drive to improve door-to-needle times across Wales, with a focus by Local Health Boards, The Welsh Ambulance Service Trust, the Delivery Unit and the recently established

National Stroke Programme Board on reducing the barriers to patient flow across the Stroke Pathway.

A number of initiatives to improve flow along the pathway, have already been implemented with the aim of addressing:

Referral and image transfer to a Thrombectomy service
Designated hospitals in the south wales region are all able access Biotronics 3D who have now secured Cyber Essentials Plus certification. This imaging platform is currently being used to transfer images across to Bristol. BCUHB have submitted a paper to their Executive team to gain approval for the use of Biotronics 3D, as they are still using the PACS platform to send images to the Walton.

After a long procurement process, Brainomix have been awarded a 3-year contract. This system provides state-of –the-art artificial intelligence algorithms to support doctors by providing real-time interpretation of brain scans to help guide treatment and transfer decisions for stroke patients, allowing more patients to get the right treatment, in the right place at the right time.

Full deployment of the All Wales Artificial Intelligence (AI) technology provided by Brainomix, with a revised "go live" date of June 2023. This will have the ability to streamline the clinical pathway, increasing the patient survival rate and assisting rapid recovery. Both Bristol and the Walton centre have this technology already in place.

Timely patient transfer
All inter-hospital Thrombectomy transfers are now managed by the trauma desk with a red-call priority.

The development of comprehensive regional stroke networks by the Collaborative team, in support of the newly established National Stroke Programme Board will improve flow along the pathway further, and enable 10% of Stroke patients in Wales to access Mechanical Thrombectomy.

The National Stroke Programme Board are collaborating with Welsh Ambulance Services Trust (WAST) to trial a small feasibility study of a pre-hospital triage system for stroke patients using an app based product. Approval was given on 7th January 2023. The system will aim to improve the pre-hospital stroke pathway for suspected stroke mimic patients, provide access to stroke expertise earlier in the stroke pathway to ensure safe patient outcomes with a prompt and timely diagnosis, reduce admittance to ED for stroke mimic, and improve the overall patient experience. Those patients requiring a Mechanical Thrombectomy will be identified and transferred earlier to the tertiary Thrombectomy centre.

New Evidence

MR-CLEAN- LATE is a multicentre randomised trial to explore whether the current criteria for assessing patients for a Thrombectomy can be extended to a wider group of people, who would benefit and have improved functional outcome from this procedure.

The impact of including this group would bring forward the forecast of 10% of Stroke patients being eligible for Thrombectomy. This would increase the workload for Bristol, creating further capacity challenges that could reduce access to these services for Welsh patients, thereby underlining the need to expedite the commissioning of the Cardiff service.

Workforce Infrastructure for the Mechanical Thrombectomy Service

Radiology Directorate

- Interventional Neuroradiologists – there are currently two employed by C&VUHB, with one vacancy. Another 1WTE in addition consultant would be required to supplement this service, as, at least 4 are required to run a resilient service. It is recognised that recruitment of INR consultants is particularly difficult therefore the costings reflect a model where phase 1 of the service is provided through WLI in the first instance. It is likely that commencing a regional service will attract candidates to the area so this money would convert into a 1WTE post in that eventuality.

- Interventional Neuroradiology Nurses – Following an internal revision of the staffing structure, phase 1 of the Thrombectomy service can run with 1 Band 5 and 1 Band 6.

- 2.4WTE Radiographers are required, one CT and one Vascular to carry out the required imaging in a timely manner. With the advent of the MTC and the Vascular hub, the existing service model cannot feasibly attend to multiple emergent patients simultaneously, therefore additional resource is required.

- 0.2WTE Diagnostic Neuroradiologist - The diagnostic neuroradiologist workforce will need to expand in order to report the additional neuroimaging produced by the regional thrombectomy service. It is estimated that around 30% of patients transferred for thrombectomy will require further imaging. Perfusion software is needed, NICE (2019) recommend that stroke patients presenting between 6-24 hours can benefit from thrombectomy if there is salvageable brain tissue demonstrated by perfusion scanning.

- Support staff are an essential component to this service. Given the need for timeliness of transfer through the hospital, an additional 1.2 WTE porters will be required to facilitate immediate transfer through the various steps of the pathway in a timely way.

- No administrative resource has been factored into Phase 1 although there will be a need for increased provision as the service grows.

- Additional recurrent costs of the Thrombectomy consumables costs should also be funded. Software licences will be covered by C&V UHB.

- The total recurrent cost of Phase 1 for Radiology is £919k.

Peri-Operative Care

- Mortimer et al (2021) recommend that an anaesthetist experienced in neuroradiology should be present during thrombectomy procedures. Emergency cases are booked onto the emergency CEPOD list. This is unsustainable and in order to deliver a regional thrombectomy service additional funding will be needed to cover in hours and out of hours thrombectomy work as the service expands to a 24/7 service.

  For Phase 1, the requirement for Anaesthetic cover during daytime hours is 1.9WTE. Anaesthetists work 3 session days, due to the work required in the pre-operative and post-operative phase. To provide cover for the theatre, this equates to 15 sessions per week, with an additional 4 sessions of SPA allocation.

- ODP cover is required, which equates to 1.52WTE Band 6.

- The total recurrent cost for the Peri-Operative Directorate for Phase 1 is £351k.

Critical Care Directorate

- It is anticipated that up to 30% of thrombectomy patients may require a bed in Critical Care following a thrombectomy procedure. Critical care in UHW runs at full capacity.

- The critical care team have strongly recommended that a HASU is commissioned in order to provide specialist care to stroke patients and from a financial perspective a HASU bed will be less costly than a Critical Care bed.

- However, for Phase 1, the limitations of developing such a unit are recognised. **The requirement for Critical Care is to staff 1 bed for Thrombectomy, at a cost of £304k** per annum for Phase 1 and assumes an average of 5 days LOS.

Therapy / AHP Workforce

- Rehabilitation of this patient cohort is key to the patients' ongoing recovery. A band 8A Lead Therapist is required as a senior therapy decision maker for the patients' ongoing hospital care. This should be supplemented by a 1 WTE Band 6 Therapist. These roles between them need to fulfil the Physiotherapy and Occupational Therapy provision.

- In addition, 1.2WTE band 3 Therapy technicians will be required. These will be multi-disciplinary and will provide focused attention on the patient and their individual needs.

- A patient's mental well-being is as important to their recovery as their physical needs. For Phase 1, no resource has been factored into the case but in latter Phases, an increase in hours of a Band 8A Psychologist will be required for this purpose.

- An uplift of 0.2WTE to a Band 7 Pharmacist would cater for the medicinal needs of this extra cohort of patients.

- The total recurrent cost for Therapies/AHPs is £168k for Phase 1.

Medicine Clinical Board

Much of the investment required for Medicine is included in the Business Case for the Acute Stroke Service. As such, the additional elements required from WHSCC for Thrombectomy are:

- 1 WTE Stroke Clinician - this is to ensure front door cover for presenting strokes and ward cover.

- 5.8WTE Band 6 Nurses for the Stroke ward. This has been calculated based on the additional two beds required for the out of area patients as some of the local patients that undergo Thrombectomy would have otherwise taken up beds in the Stroke ward, regardless of whether they underwent Thrombectomy.

- 0.5WTE Clinical Nurse Specialist - This role will be key for co-ordinating the clinical pathway between Health Boards and providing specialist clinical care to patients.

- 0.2WTE Band 3 SSNAP auditor is required to meet the audit requirements of this extra cohort of patients.

- The total requirement for Medicine Clinical Board is **£482k.**

WAST

- The expected ambulance journeys to and from UHW have been costed and a B7 post added to provide increased resilience to the co-ordination team and manage the logistics of timely transfer.

- The total funding requirement for WAST is **£113k** per annum.

Adult Critical Care Transfer Service (ACCTS)

- Consideration should also be given to the current contract with ACCTS in the event of needing to transfer patients from one critical care unit to another, although for Phase 1, this should be minimal.

Non-Pay Overhead Costs

In addition, there are associated non-pay overheads relating to this service, amounting to **£21k** in Phase 1.

The total cost of Phase 1 is £2,583k.

Report Title	**WHSSC Cardiac Review – Outcomes of Phase 1**	**Agenda Item**	3.4
Meeting Title	**Joint Committee**	**Meeting Date**	30/01/2024
FOI Status	Open		
Author (Job title)	Senior Specialist Planning Manager		
Executive Lead (Job title)	Director of Planning and Performance		

Purpose of the Report	The purpose of this report is to précise the outcomes of Phase 1 of the WHSSC Cardiac Review, which sought to: re-baseline the South Wales Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contracts to ensure that they better reflect potential demand; and assess the extent to which, in view of recent trends and differential valve costs, the TAVI policy remains both adhered to and apposite. In January 2023 the Joint Committee agreed that Phase 1 of the review would be completed by the end of Q3 2023/24, and that it would be followed by a second phase focussed on the future configuration of WHSSC-commissioned TAVI and cardiac surgery.				
Specific Action Required	RATIFY ☐	APPROVE ☐	SUPPORT ☐	ASSURE ☒	INFORM ☒

Recommendation(s)

Members are asked to:

- **Note** the findings of Phase 1 of the WHSSC Cardiac Review,
- **Note** that the proposed revised Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contract baselines be used as the basis for negotiations with Cardiff and Vale University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB),
- **Note** the finding that the current WHSSC TAVI Commissioning Policy remains both adhered to and apposite; and
- **Note** the work ongoing to clarify and reduce TAVI valve costs.

WHSSC CARDIAC REVIEW – OUTCOMES OF PHASE 1

1.0 SITUATION

The purpose of this report is to précise the outcomes of Phase 1 of the WHSSC Cardiac Review, which sought to: re-baseline the South Wales Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contracts to ensure that they better reflect potential demand; and assess the extent to which, in view of recent trends and differential valve costs, the TAVI policy remains both adhered to and apposite. In January 2023 the Joint Committee (JC) agreed that Phase 1 of the review would be completed by the end of Q3 2023/24, and that it would be followed by a second phase focussed on the future configuration of WHSSC-commissioned TAVI and cardiac surgery.

2.0 BACKGROUND

The WHSSC Cardiac review was initiated in January 2023 following approval by the JC of a report which identified that WHSSC-commissioned cardiac surgery and TAVI services had been subject to developments that had impacted the form and scale of current provision. Of note:

- The GIRFT review of cardiac surgery undertaken in 2021 identified notable good practice, but resulted in both South Wales Centres being escalated according to the terms of the WHSSC escalation framework,
- The number of TAVI procedures undertaken by both Cardiff and Vale University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB) has increased significantly, concurrent with Health Boards (HBs) not delivering commissioned volumes of cardiac surgery; and
- There are evident differences in the cost of the main types of TAVI valve and the proportions of each valve utilised by CVUHB and SBUHB, potentially deriving from differences in clinical practice.

The JC agreed that the review would encompass those TAVI and cardiac surgery services currently commissioned by WHSSC for the population of Wales, with a focus on the services provided by the Cardiac Centres in Cardiff and Vale and Swansea Bay. The services commissioned from English providers for patients from Betsi Cadwaladr University Health Board (BCUHB) and Powys teaching Health Board (PtHB) would be considered for the purposes of benchmarking and to ensure equity of access, but would not be impacted by any recommended re-baselining or reconfiguration.

A two phase approach was agreed, with the aims of each phase comprising of:

Phase 1

1. The re-baselining of cardiac surgery and TAVI contracts to ensure that they better reflect potential demand, including review of the performance of those NHS England (NHSE) centres from which WHSSC commissions cardiac surgery and TAVI; and
2. An exercise to assess the extent to which, in view of recent trends and differential valve costs, the TAVI policy remains both adhered to and apposite, including an analysis to identify the relationship between patient need, valve type and outcomes.

Phase 2

1. Demand and capacity planning, informed by a population needs assessment and concluding with an options appraisal that establishes the preferred future service configuration of WHSSC-commissioned cardiac surgery and TAVI activity; and
2. The development of a cardiac surgery service specification that recognises the need for certain cardiac conditions to be treated by surgeons who are specialists in that area (e.g. mitral valve and aortovascular disease) and acknowledges that specialisation is important in order to reduce variation in survival and improve outcomes (as per the GIRFT recommendations and which is supported by the Society for Cardiothoracic Surgery).

The cardiac review Project Initiation Document (PID) identified that Phase 1 (the outcomes of which are described in this report) was due for completion by the end of Q3 2023/24, subject to the negating of a small number of potential constraints (including the capacity of WHSSC staff to prioritise and undertake the review in addition to business as usual and a need to ensure that any recommendations did not impact on the continuity of service provision).

The PID also sought to develop measureable outcomes aligned to WHSSC's organisational strategic objectives for each of the Phase 1 objectives, which comprised:

Table 1 – Phase 1 Aims, Outcomes and Measures

Aim	Outcome	Measure
Phase 1; Aim1: Re-baseline cardiac surgery and TAVI contracts	Commission appropriate volumes of cardiac surgery and TAVI procedures	WHSSC contract monitoring data
	Provide value for money and efficient commissioning	WHSSC contract monitoring data; GIRFT benchmarks
	Assure and, where possible, improve clinical outcomes (5 years)	Outcomes data; service improvement and innovation days
Phase 1; Aim 2: Assess extent to	Minimise unwarranted variation	Outcomes data; WHSSC contract monitoring data

Aim	Outcome	Measure
which TAVI policy remains both adhered to and apposite		
	Provide value for money and efficient commissioning via cost effective TAVI valve procurement	NHS procurement data; WHSSC contract monitoring data
	Provision of timely and efficient services, minimising waits for both TAVI and cardiac surgery patients	WHSSC contract monitoring data

The JC agreed that Phase 2 – which is out with the scope of this report – would commence at the conclusion of Phase 1 and would be completed by the end of Q4 2024/25. Current financial pressures have, however, accelerated this timescale, and it is now provisionally intended that Phase 2 will conclude by the end of Q2 2024/25.

3.0 ASSESSMENT

3.1 Process

The Cardiac Review PID advised that a Project Board would be convened to provide project oversight and advice, ensure objectives are met, receive progress reports from the Project Team, and receive those key products developed by any ad hoc working groups. Although, given the potential to decide the future service configuration of WHSSC-commissioned cardiac surgery and TAVI activity, such a group will be imperative for Phase 2, for reasons of expediting delivery and ensuring completion by the agreed deadline, Phase 1 was managed by the Cardiac Commissioning Team.

The required re-baselining and TAVI policy adherence analysis have been undertaken primarily by the WHSSC Associate Medical Director, the Assistant Director of Finance and the Senior Specialist Planning Manager. Targeted engagement has been undertaken with clinical colleagues via meetings to discuss the utilisation of different TAVI valve types and the Welsh aortic stenosis pathway.

The PID acknowledged that consultation would be required in order to ensure that the impact on patients and other stakeholders was appropriately considered. For Phase 1, the primary impact will be on the sustainability of TAVI and cardiac surgery services as a result of the re-baselining; it is envisaged that a negotiation with the two South Wales centres will be commenced once this report has been approved by the Management Group, mindful that this may result in revisions to the re-baselining proposed described below.

3.2 Re-baselining

The re-baselining exercise was underpinned by the assumption that, in line with the recent trends evident in Charts 1-4, TAVI volumes would remain above contract (and potentially grow), whilst cardiac surgery volumes would remain below contract (and potentially reduce further):

Chart 1 – CVUHB TAVI

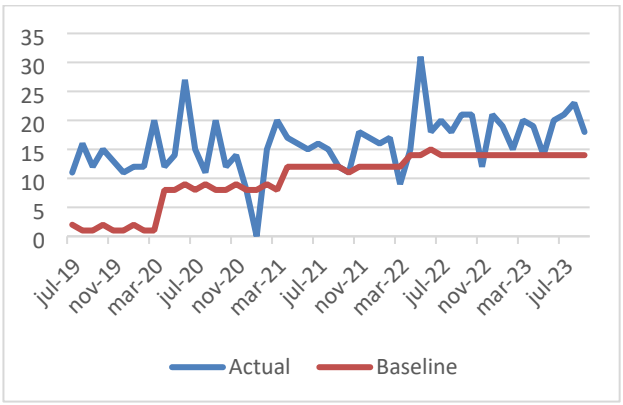


Chart 2 – SBUHB TAVI

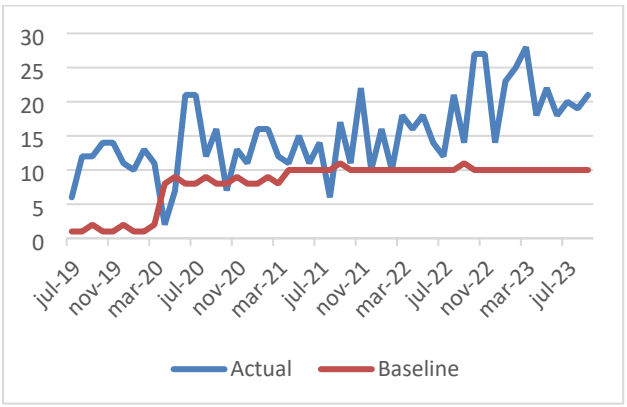


Chart 3 – CVUHB Cardiac Surgery

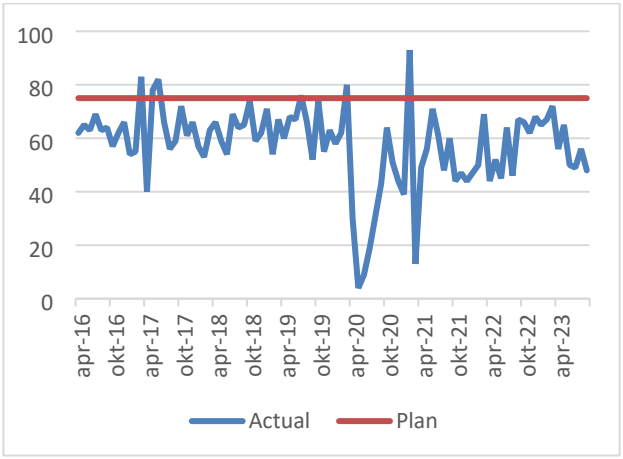
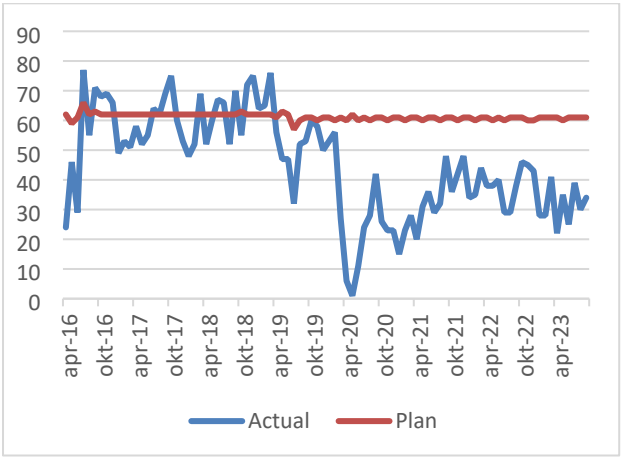


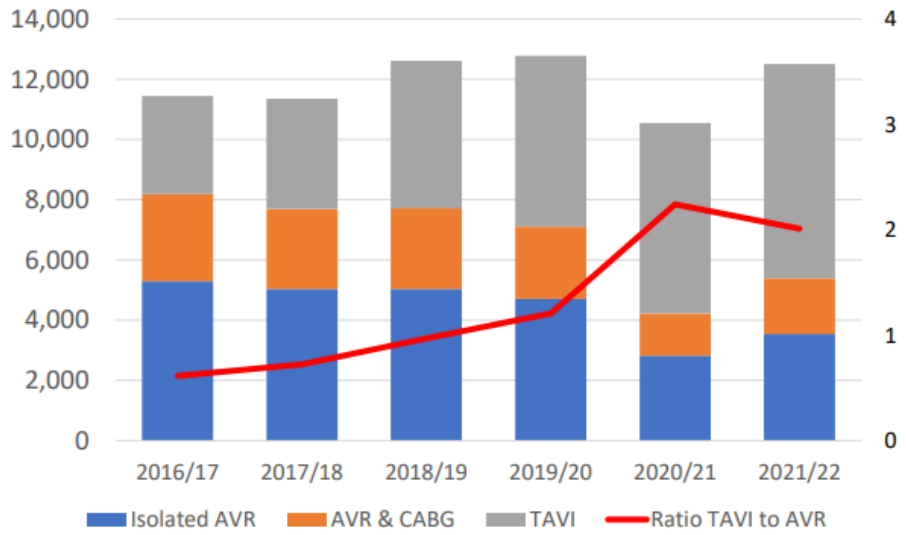
Chart 4 – SBUHB Cardiac Surgery



The period of analysis (from July 2019 for TAVI, and from April 2016 for cardiac surgery) is that for which WHSSC has consistently reported contract monitoring data.

Similar trends are evident at a national level, as is apparent from data collated for the 2023 National Adult Cardiac Surgery Audit (NACSA), undertaken by the National Institute of Cardiovascular Outcomes Research (NICOR) and presented at Chart 5.

Chart 5 - Trends in Aortic Valve Surgery (AVR) and TAVI numbers (UK excluding Scotland) since 2013; ratio of TAVI to AVR



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Isolated AVR	5297	5041	5039	4705	2822	3538
AVR & CABG	2896	2657	2682	2401	1401	1855
TAVI	3254	3655	4887	5676	6328	7111
Ratio TAVI to AVR	0.61	0.73	0.97	1.21	2.24	2.01

UK data (excluding Scotland)

Data for the Liverpool Heart and Chest Hospital (LHCH) – which is commissioned by WHSSC to provide TAVI and cardiac surgery for the population of BCUHB and north Powys – reveals comparable trends – see Charts 6 and 7.

Chart 6 – LHCH TAVI

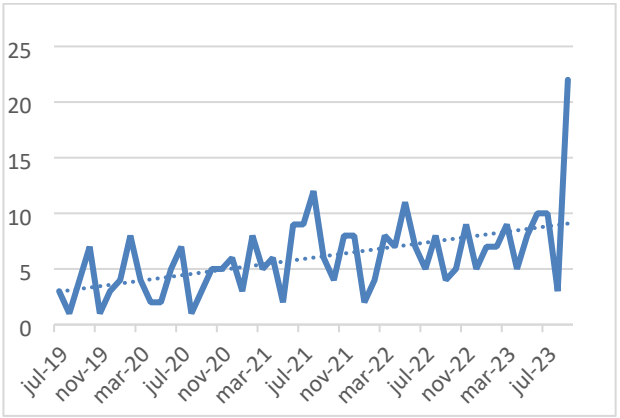
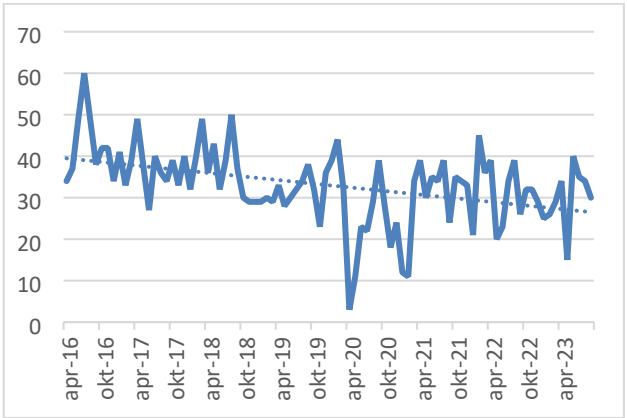


Chart 7 – LHCH cardiac surgery



The Cardiac Commissioning Team therefore endorsed that, in the first instance, a re-baselined cardiac surgery position be proposed based on the number (and cost) of the procedures undertaken by both South Wales centres during 2022-

23. Mindful that cardiac surgery is a clinical specialism associated with significant fixed costs, a modest uplift was included when compared to the 2023-23 outturn position in order to ameliorate the impact of the proposed reduction in funding. The impact of this proposal for the two centres can be found at ***Tables 2*** and ***3.***

Table 2 – CVUHB Cardiac Surgery proposed new baseline

Cardiff & Vale	Current Baseline Contract Activity	22/23 Outturn	Variance	Proposed New Baseline Activity	Inferred Baseline at current volumes £	Inferred Baseline at proposed volumes £
Procedure:						
Valve replacement only	120	116	(4)	125	2,452,527	2,554,716
2 or 3 valve replacements	90	74	(16)	80	2,205,319	1,960,284
CABG without valve replacement	360	238	(122)	245	6,169,215	4,198,493
CABG with one valve replacemer	110	68	(42)	70	2,275,392	1,447,976
CABG with 2 or 3 valve replacem	60	24	(36)	25	1,470,213	612,589
Other Surgery	60	53	(7)	55	1,017,626	932,824
Total C&V	**800**	**573**	**(227)**	**600**	**15,590,292**	**11,706,883**

Table 3 – SBUHB Cardiac Surgery proposed new baseline

Swansea Bay	Current Baseline Contract Activity	22/23 Outturn	Variance	Proposed New Baseline Activity	Inferred Baseline at current volumes £	Inferred Baseline at proposed volumes £
Procedure:						
Single Valve	136.5	129	(8)	140	2,614,263	2,681,296
Multi Valve *	44	16	(28)	30	961,283	655,420
CABG	336	223	(113)	235	6,027,280	4,215,508
CABG + Valve	124.5	58	(67)	70	2,736,952	1,538,848
CABG + Multi Valve	13.5	0	(14)	5	309,159	114,503
Other -	73.5	13	(61)	20	562,052	152,939
	0		0			
Total SBU	**728**	**439**	**(289)**	**500**	**13,210,988**	**9,358,515**

The overall impact on WHSSC-commissioned cardiac surgery is at ***Table 4***, which includes the proposed disinvestment at current marginal rates and the minimum infrastructure disinvestment required (to be worked through with providers) in order for the total disinvestment being sufficient to account for the anticipated increase in TAVI volumes.

It is acknowledged that the current South Wales cardiac surgery contract prices have not been reviewed for over 10 years and are currently significantly below the benchmarked NHSE costs for procedures and consumables. It is not, therefore, anticipated that a full disinvestment at the current contract prices can be achieved.

Table 4 – CVUHB/SBUHB proposed new baseline

Both Centres	Current Baseline Contract Activity	22/23 Outturn	Variance	Proposed New Baseline Activity			Inferred Baseline at current volumes & prices £	Inferred Baseline at proposed volumes & current prices £
Total	**1,528**	**1,012**	**(516)**	**1,100**			**28,801,280**	**21,065,397**
Proposed disinvestment at current marginal rates								(1,765,116)
Minimum part infrastructure disinvestment required - to be worked through with providers								(2,638,128)
Minimum Cardiac Surgery disinvestment required to fund TAVI								(4,403,244)

In respect of the TAVI contract and cognisant that the number of TAVI procedures continues to increase, it is proposed that a new baseline be established in line with the 2023/24 forecast outturn (***Table 5***).

Table 5 – CVUHB/SBUHB TAVI proposed new baseline

TAVI	Current Baseline Contract Activity	23/24 Forecast Outturn	Variance	Proposed New Baseline Activity	Inferred Baseline at current volumes £	Inferred Baseline at proposed volumes £
Swansea Bay	121	252	131	250	3,715,017	7,375,000
Cardiff & Vale	143	232	89	250	6,631,739	7,375,000
Total	**264**	**484**	**220**	**500**	**10,346,756**	**14,750,000**
TAVI Investment Required						4,403,244

It is possible that further increases in TAVI volumes – as a result of increased demand from high risk patients or changes to the access criteria contained in the WHSSC TAVI Commissioning Policy – may compel subsequent revisions to the baseline; the future configuration of TAVI provision will be considered as part of Phase 2 of the Cardiac Review.

Moreover, it is proposed that the new TAVI baseline full cost will be standardised across the two centres, with an infrastructure to deliver volumes of 250 at each centre and a device cost which compares favourably to the NHSE supply chain costs charged to commissioners (***Table 6***).

Table 6 – South Wales TAVI benchmarking vs NHSE

TAVI Cost Benchmarking	Average Device Cost £	Average Infrastructure Cost £	Average TAVI Cost £
Liverpool Heart & Chest	22,331	12,151	34,482
Proposed South Wales Target Cost @ 500	21,500	8,000	29,500
South Wales Contract Cost per Case Value vs NHSE Benchmark			**(4,982)**

3.3 TAVI policy adherence

CP58, the WHSSC Specialised Services Commissioning Policy for Trans-catheter Aortic Valve Implantation (TAVI) for Severe Symptomatic Aortic Stenosis (SSAS), acknowledges that for some patients with SASS, the risk of conventional valve replacement via open heart surgery is high. For these patients, TAVI is an alternative and less invasive intervention, which WHSSC funds for patients who have been judged to be at high risk for open heart surgery, primarily as a result of other conditions (co-morbidities) or anatomical constraints. The Policy advises that patients with symptomatic aortic stenosis who are at low and intermediate surgical risk should be referred directly to the cardiac surgical service for consideration of Surgical Aortic Valve repair/replacement, unless they have an anatomical factor that renders them inoperable. In view, however, of the significant increase in the volume of TAVI procedures performed by the two South Wales centres, the Cardiac Review sought to identify whether this element of the policy remained 'adhered to and apposite'.

The two South Wales centres advised that although their patients are assessed according to the EuroSCORE risk model – which calculates the risk of death after a heart operation – there are concerns with its application for TAVI patients. Both centres therefore assume that patients who are 80 years and over are at high risk for Surgical Aortic Valve Replacement (SAVR). Patients under 80 are subject to a risk assessment that considers a combination of demographics, frailty, local heart team risk assessment, surgical risk score, anatomical or clinical impediments to SAVR or TAVI, and the presence of major organ compromise.

3.3.1 Cardiff and Vale University Health Board (CVUHB)

Based on calendar year 2022 data, CVUHB considered that 95.6% of their TAVI patients were classified as 'high risk by a reasonable definition', with the remainder (12 of 206) classified as being at intermediate risk. 67% (138 of 206) were 80 years or older, with an average age of 80.46. Highlighted risk factors included age, significant lung and liver disease, significant renal dysfunction, or a degree of frailty.

3.3.2 Swansea Bay University Health Board (SBUHB)

SBUHB advised that for the period 01/04/2022 to 31/03/2023, TAVI recipients had an average age of 81.2 years. 95.2% of these patients (236 of 248) were classified as high risk, with the remaining 4.8% (12 of 248) classified as intermediate risk. No patients were assessed as being at low risk.

3.3.3 Summary findings

According, therefore, to the data provided by the two South Wales centres, the WHSSC TAVI policy would seem to remain both adhered to and apposite. The policy itself advises that interventions for aortic stenosis will continue to evolve, necessitating that its application be regularly reviewed. Its utility for patients at intermediate risk will continue to be of particular interest, mindful that:

- WHSSC agreed a short term change to the current TAVI policy to include the intermediate risk patient group for the duration of the pandemic; and
- The NHSE 'Interim Commissioning Position Statement for TAVI and SAVR for symptomatic, severe aortic stenosis (adults) to support elective performance' stipulates that TAVI may provide an alternative to SAVR for eligible patients at intermediate and low surgical risk where certain inclusion criteria are met.

WHSSC's policy will also continue to be informed by the recommendations of Health Technology Wales (HTW). HTW first undertook an appraisal of TAVI for the treatment of patients with severe symptomatic aortic stenosis who are at intermediate surgical risk in January 2020, employing a cost-utility analyses based on the methodology utilised for a preceding Scottish Health Technologies Group analysis. The base case incremental cost effectiveness ratio (ICER) was found to be £94,512, which is above the threshold of £20,000 per quality-adjusted life year (QALY), indicating that it was not cost-effective. The cost effectiveness result was mainly driven by the cost of the TAVI valve. The HTW base case used a device list price of £14,996 (SAPIEN 3); threshold analysis showed that TAVI would be cost-effective for the intermediate risk group with a valve cost of £7,752 or lower.

HTW therefore found that although TAVI is non-inferior to SAVR in people with severe symptomatic aortic stenosis who are at intermediate surgical risk, it concluded that the cost effectiveness evidence did not currently support the case for routine adoption. Potential for HTW to undertake a new appraisal was discussed at the recent WHSSC-hosted aortic stenosis pathway meeting (19 October 2023); both of the South Wales centres were of the view that the evidence would not have changed sufficiently to compel such an undertaking.

3.4 TAVI valve selection

The two South Wales centres utilise two types of TAVI valve – balloon expandable and self-expanding. These are produced by a number of manufacturers (***Table 7***); the valve manufactured by Edwards Lifesciences (Sapien) is the only valve employed by both centres.

Table 7 – TAVI valve types

Type	Manufacturer	Valve name	Image	Health Board
Balloon expandable	Edwards Lifesciences	Sapien		CVUHB, SBUHB

Self-expanding	Medtronic	Evolut		CVUHB
Self-expanding	Abbott	Navitor		SBUHB
Self-expanding	Biosensors	Allegra		SBUHB

Both centres have advised that that the selection of TAVI valve type is a strictly clinical decision and the product of multidisciplinary meetings. For SBUHB, valve choice is informed by patient and anatomical factors, and by a range of technical considerations (***Table 8***):

Table 8 – SBUHB valve choice rationale

Patient or anatomic factor	Technical considerations	Valves of choice
Young patients	Long-term durability essential. May require TAVI-in-TAVI More likely to require future coronary access. Long term consequences of PVL and conduction abnormality	Sapien
Severe annular or LVOT calcification	Increased risk of annular rupture and PVL	Navitor or Allegra
Small calibre or diseased ileo-femoral arteries	Increased risk of vascular complications	Navitor
Small annuli	Increased risk of patient-prosthesis mismatch	Navitor or Allegra
Large annuli	Increased risk of PVL	Sapien
Preservation of coronary access	Specific consideration in patients with existing CAD and younger patients	Sapien or Navitor
Bicuspid valves	Increased risk of PVL, device embolization and annular rupture	Sapien
Valve-in-valve	Elevated gradients after TAVI. Risk of coronary obstruction	Navitor or Allegra. Sapien in larger surgical valves

Costs vary by valve type, although ongoing discussions with HBs have indicated that device costs are lower than those previously reported to WHSSC. As a result, the WHSSC Assistant Director of Finance has sought to discuss a once for Wales procurement approach with the NHS Wales Shared Services Partnership (NWSSP). This approach was supported by the clinical teams at the aortic stenosis pathway meeting audit meeting in October, and the work remains ongoing.

Chart 8 and ***Table 9*** highlight the different proportions of valve types utilised by the two South Wales centres (CVUHB: calendar year 2022; SBUHB: 01/04/2022 to 31/03/2023).

Chart 8 – CVUHB/SBUHB TAVI valve utilisation by type (volumes)

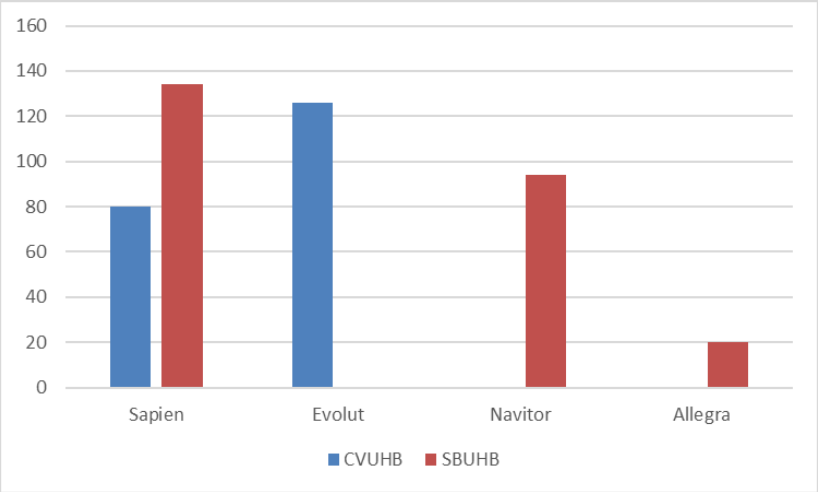


Table 9 – CVUHB/SBUHB TAVI valve utilisation by type (volumes and proportions)

Manufacturer	Valve name	CVUHB	SBUHB
Edwards Lifesciences	Sapien	80 (39%)	134 (54%)
Medtronic	Evolut	126 (61%)	Not employed
Abbott	Navitor	Not employed	94 (38%)
Biosensors	Allegra	Not employed	20 (8%)
Total		**206**	**248**

Both South Wales centres utilise a significantly smaller proportion of balloon expandable valves (Edwards Lifesciences/Sapien) than Liverpool Heart and Chest Hospital (LHCH) utilises for the population of BCUHB and north Powys (***Table 10***):

Table 10 - LHCH TAVI valve utilisation by type (2022/23)

Type	Manufacturer	Number	Percentage
Balloon expandable	Edwards Lifesciences	264	75%

Self-expanding	Boston	82	23%
Self-expanding	Medtronic	8	2%

The two centres have contended that differences in the proportions of valve types employed can be explained by demographic factors, and have emphasised that all valves are selected on the basis of patient need. In view of the fact that LHCH utilise a greater proportion of Edwards/Sapien valves (the most expensive option) than either of the two South Wales centres, it is proposed that WHSSC focus on ensuring that TAVI valve costs are correctly reported, and that they are procured as cost-effectively as possible on a 'once-for-Wales' basis.

3.5 TAVI outcomes

TAVI outcomes for both South Wales centres compare favourably with those for the UK, per data provided by the British Cardiovascular Intervention Society for 2021/22 (***Table 11***). Ascertaining whether there is any relationship between outcomes and valve types is more complex; CVUHB have advised that, for example, post-TAVI pacemaker implantation is not relevant owing to the crucial role that case selection plays in driving valve selection, and the lower rates of pacemaker implantation associated with the Edwards Lifesciences/Sapien valve.

Table 11 – Comparative TAVI outcomes

Indicator	BCIS 2021/22	CVUHB 2022	SBUHB 2022/23
In-hospital mortality	1.5%	0.5%	1.6%
Stroke	1.9%	0.5%	1.2%
Pacemaker post TAVI	9.4%	5.3%	10.1%
Tamponade	0.9%	0%	0.8%

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the findings of Phase 1 of the WHSSC Cardiac Review,
- **Note** that the proposed revised Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contract baselines be used as the basis for negotiations with Cardiff and Vale University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB),
- **Note** the finding that the current WHSSC TAVI Commissioning Policy remains both adhered to and apposite; and
- **Note** the work ongoing to clarify and reduce TAVI valve costs.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	The Cardiac Review is identified as a priority for the Cardiac Commissioning Team in the 2023/24 ICP.
Health and Care Standards	Safe Care Effective Care Staff and Resourcing
Principles of Prudent Healthcare	Reduce inappropriate variation Only do what is needed Care for Those with the greatest health need first
NHS Delivery Framework Quadruple Aim	People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement The health and social care workforce is motivated and sustainable Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Quality, Safety and Patient Experience will be considered as part of the Cardiac Review when apposite
Finance/Resource Implications	The financial implications of re-baselining WHSSC's TAVI and cardiac surgery contracts are contained in the report
Population Health	No issues highlighted
Legal Implications (including equality & diversity, socio economic duty etc)	No issues highlighted
Long Term Implications (incl WBFG Act 2015)	No issues highlighted
Report History (Meeting/Date/ Summary of Outcome	06 December 2023 Corporate Directors Group Board - Approved with minor changes to presentation of finances and accompanying text 14 December 2023 – Management Group supported
Appendices	Not applicable

Report Title	**Mental Health Specialised Services Strategy for Wales 2024/25-2028/29**	**Agenda Item**	3.5
Meeting Title	**Joint Committee**	**Meeting Date**	30/01/2024
FOI Status	Open/Public		
Author (Job title)	Senior Specialised Services Planning Manager for Mental Health and Vulnerable Groups		
Executive Lead (Job title)	Director for Mental Health and Vulnerable Groups		

Purpose of the Report	The purpose of this report is to present the final WHSSC Mental Health Specialised Services Strategy for Wales 2024/25- 2028/29 and to outline the governance structure for the implementation programme.				
Specific Action Required	RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☐	INFORM ☒

Recommendation(s):

Members are asked to:

- **Note** the report; and
- **Approve** the WHSSC Mental Health Specialised Services Strategy for Wales 2024/25-2028/29

MENTAL HEALTH SPECIALISED SERVICES STRATEGY FOR WALES 2024/25 - 2028/29

1.0 SITUATION

The purpose of this report is to present the final WHSSC Mental Health Specialised Services Strategy for Wales 2024/25- 2028/29 and to outline the governance structure for the implementation programme.

2.0 BACKGROUND

The draft strategy was presented to the Joint Committee (JC) for consideration in November 2022. Since then, further work has been undertaken to incorporate comments received from the stakeholder engagement exercise in May 2022 and the feedback from the consultation exercise received in January 2023. In addition, the JC asked in the meeting held on 8 November 2022 for a demand and capacity analysis exercise to be undertaken which would:

- Use predictive analysis techniques,
- Engage clinicians to enable extensive service modelling; and
- Consider the management of pathways for mental health services.

The Demand and Capacity Report was received by WHSSC in October 2023 and was presented to key stakeholders in the NHS Wales Executive, Welsh Government and the WHSSC Corporate Directors Group Board (CDGB) in October 2023, and at a JC briefing session on 21 November 2023.

The Demand and Capacity Report, along with the feedback from stakeholder engagement and consultation on the draft strategy document have been taken into consideration to develop the final Mental Health Specialised Services Strategy for Wales – see ***Appendix 1.***

3.0 ASSESSMENT

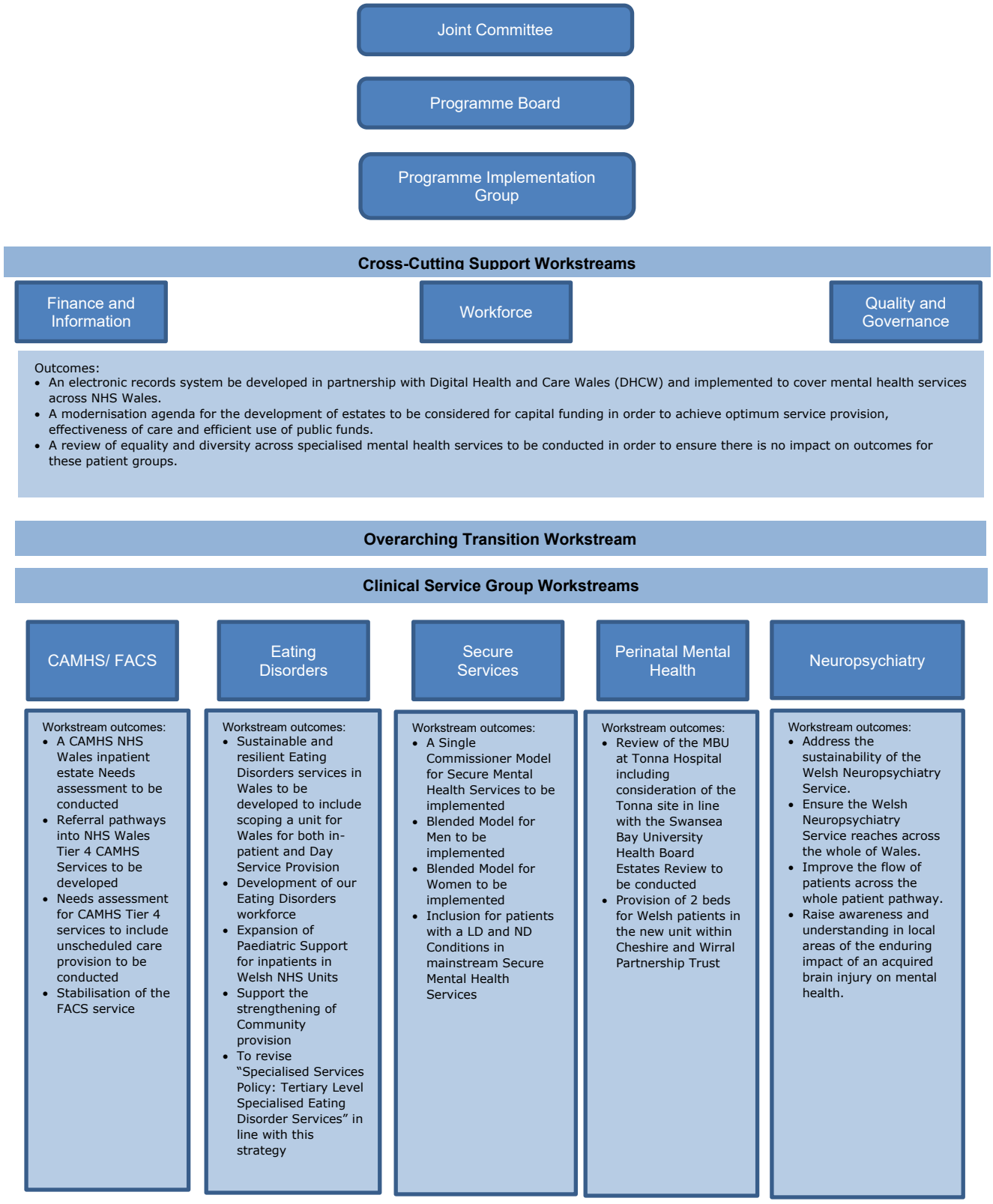
3.1 Programme Governance Structure

The implementation of the Specialised Services Strategy for Mental Health requires a robust change management structure to ensure the success of the strategy and the continued development of strategic intent going beyond the 5 year scope of the strategy.

This is a large scale change programme which will impact on services across the whole of the country, and the key projects highlighted in the strategy are included under their relevant workstreams in the diagram below.

The programme structure below outlines some of the key programmes to drive these improvements. A steering group will be set up to develop the implementation programme.

Diagram 1 - Mental Health Strategy Implementation Programme Governance Structure



4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Approve** the WHSSC Mental Health Specialised Services Strategy for Wales 2024/25-2028/29.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Implementation of the Plan Governance and Assurance
Link to Integrated Commissioning Plan	Yes
Health and Care Standards	Governance, Leadership and Accountability Safe Care Effective Care
Principles of Prudent Healthcare	Reduce inappropriate variation
NHS Delivery Framework Quadruple Aim	People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement The health and social care workforce is motivated and sustainable Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome People in Wales have improved health and well-being with better prevention and self-management
Organisational Implications	
Quality, Safety & Patient Experience	Quality and Safety is incorporated into the programme structure.
Finance/Resource Implications	Workforce incorporated into the programme structure.
Population Health	-
Legal Implications (including equality & diversity, socio economic duty etc)	Supports compliance with the provisions of the Mental Health Act, The Mental Health (Wales) Measure 2010
Long Term Implications (incl WBFG Act 2015)	Ensuring patients physical and mental well-being is maximised in which choices that will benefit future health.
Report History (Meeting/Date/ Summary of Outcome	8 November 2022 –Joint Committee – Mental Health Strategy development. The Committee approved to undertake an 8 week consultation process, to commission a demand and capacity modelling exercise and to develop a programme approach to the implementation of the strategy following the consultation exercise. 14 December 2023 – Management Group supported the report.
Appendices	Appendix 1 – WHSSC Mental Health Specialised Services Strategy for Wales 2024/25 – 2028/29

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)

MENTAL HEALTH SPECIALISED SERVICES STRATEGY FOR WALES 2024/25-2028/29

FINAL STRATEGY DOCUMENT JANUARY 2024

FOREWORD

Foreword from the Managing Director of Welsh Health Specialised Services Committee (WHSSC)

This Mental Health Specialised Services Strategy 2023-2028 (the Strategy) document presented here, represents a major step in realising our ambitious whole person approach to commissioning specialised Mental Health services on behalf of the seven HBs for Wales.

We see the development of our strategy as key to our role in supporting the bold agenda set out in A Healthier Wales (2018) which describes a whole system approach to health and social care. It will help ensure we can meet the demands of the Health and Social Care (Quality and Engagement) (Wales) Act (2020), the National Clinical Framework for Wales (2021) and the Quality and Safety Framework (2021). Collectively these set out an aspiration for quality-led health and care services, underpinned by prudent healthcare principles, value-based healthcare and the quadruple aim.

The strategy brings together the results of a wide stakeholder engagement process and a robust demand and capacity assessment with predictive modelling. It is important to recognise however, that it has only been possible to develop this document, because of the hard work of a group of clinicians, managers and third sector representatives, who enthusiastically and conscientiously supported the various work streams. Without them, WHSSC would not have been able to draw together this comprehensive understanding of the services provided to our patients and describe the opportunities for strengthening the quality of care in the future. We are grateful to them and also to the wider group of stakeholders, including patients and their families, who subsequently responded to our consultation process, ensuring that the final document takes into account the voices of as many of those affected by our commissioned services as possible.

This strategy document is a key step in delivering on the ambitions of A Healthier Wales and delivering the best services possible for our patients.

Sian Lewis, Managing Director

CONTRIBUTORS

Main Author: Emma King, Senior Specialised Services Planning Manager for Mental Health and Vulnerable Groups, Welsh Health Specialised Services Committee

With Contributions From:

Contributions have been received from representatives of the following organisations:

- Welsh Health Specialised Services Committee
- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board
- National Collaborative Commissioning Unit
- Ministry of Justice
- Improvement Cymru
- Community Health Council
- Public Health Wales
- NHS Wales Collaborative
- HM Prison Service
- Women in Justice Group
- Welsh Neurological Alliance
- Diverse Cymru
- BEAT Cymru
- NHS England Partners

Contents

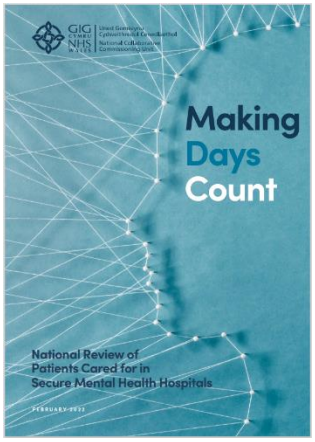
PART 1: STRATEGIC CONTEXT

1.1 Introduction and Strategic Context

The Welsh Health Specialised Services Committee (WHSSC) works on behalf of the seven Health Boards in Wales to ensure the commissioning and provision of high quality, sustainable and equitable specialist services for the Welsh population. It works through a variety of commissioning teams to plan, secure and evaluate specialist services for the people of Wales. One of the commissioning teams has a focus on Mental Health and Vulnerable Groups.

Services are delivered by Local Health Boards across various NHS sites in Wales and NHS providers in England. The independent sector is also used extensively across mental health in both England and Wales.

Maintaining high quality specialist services which meet the needs of our patients in a rapidly changing environment requires ongoing review and development. The development of this commissioning strategy for specialised mental health services has considered a wide range of key drivers:



External

- A number of Committee inquiries and external reviews influencing Welsh Government policy and recommendations.
- Welsh Government have developed a number of vision statements to support the strategic development of services across NHS Wales. One of those vision statements describes seamless mental health services which are person-centred, needs led and where service users are guided to the right support first time without delay. This vision statement covers access to quality, evidence-based mental health services to everyone who would benefit from them, and for those services to be outcome and recovery focussed prioritising those with serious mental illness.

- Changes to the commissioning landscape in England and the establishment of NHS England have meant that the previous opportunities for cross-border joint planning have reduced, and the establishment of the Mental Health Provider Collaboratives in England will fundamentally change the delivery model for services in the future.
- A number of reviews into mental health services in Wales have been published of late including Improving Care, Improving Lives (2020) with a view on learning disability services, Service Review: NHS Wales Children and Adolescent Mental Health Inpatient Services (2021), and Making Days Count (2022) which reviews the secure services provision in NHS Wales.
- The Adverse Childhood Experiences (ACE) Support Hub and Traumatic Stress Wales have collaborated on the co-production of a National Trauma Practice Framework for Wales that covers all age groups and all forms of adversity and traumatic events. The aim of the framework is to help people, organisations and systems to prevent adversity and trauma and their associated negative effects. It facilitates the development of a whole systems approach towards supporting the needs of people who have experienced adversity and trauma, seeking to bring consistency and coherence to support that effort, and ensuring that it meets the needs of those affected by trauma.

Internal

- Workforce recruitment issues particularly affecting Child and Adolescent Mental Health Services (CAMHS) need to be considered as part of this strategy and this should align to the Mental Health Workforce Strategy developed by Health Education and Improvement Wales (HEIW).
- The Welsh Framework Agreements for accessing non NHS Wales beds is dependent on an adequate supply of beds and provider competition which is currently reducing because of changes to commissioning within NHS England.
- A complex commissioning model for Forensic Adolescent Consultation Service (FACS) which is leading to service delivery problems for children with very complex social and health care needs.
- Limited national services for women in secure care.
- Lack of national services for people with a Learning Disability in Wales requiring secure care.
- Current system is financially unsustainable due to increasing costs and inefficiencies in the system.

The overall aim of this strategy is to ensure the commissioning of high quality specialist mental health services for the people of Wales.

Within this aim, the following principles will need to be considered:

- High quality specialised care provided to patients in the least restrictive environment appropriate for their treatment.
- Providing more care closer to home wherever safe and practicable to do so; primarily in the Welsh NHS but where necessary, and appropriate, with third sector or private sector partners.
- Developing commissioning models which add value and strengthen the whole pathway approach to service delivery supporting the transforming health care agenda within Wales.
- Addressing the challenge of improving outcomes and transitions between different parts of pathway and commissioning organisational boundaries.
- Prioritising investment in areas with demand and capacity constraints and areas with extended waiting times and/or gaps in service.

This strategy will provide a basis upon which to commission sustainable, resilient mental health services with ease of access for the Welsh population.

1.2 Methodology and Governance

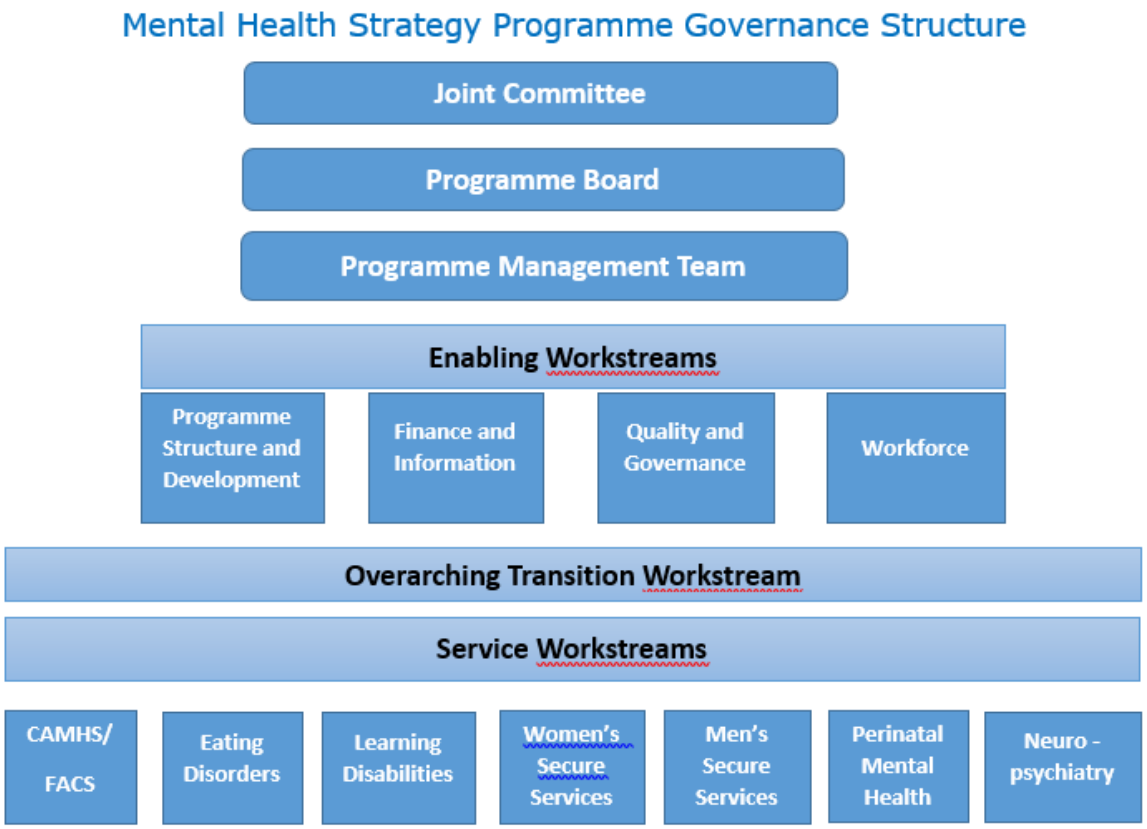
This strategy was developed using programme management methodology to ensure an appropriate governance structure was applied throughout the process. This governance structure included a series of workstreams covering each service area in addition to the enabling workstreams to provide overall assurance for key overarching themes such as workforce, finance and information, and quality and governance.

These workstreams fed into the Programme Team which was chaired by the WHSSC Assistant Director of Planning with membership from all of the service area and enabling workstream leads. In addition to being a reporting and governance mechanism, this programme team provided a platform upon which to develop discussions to provide a cohesive approach to strategy development and to drive forward discussions around the transition agenda.

The decision making was at Programme Board level, where leads from key partner organisations could consider the development of the strategy and input and advise accordingly. Programme Board was chaired by the WHSSC Director of Planning and reported by exception into the WHSSC Joint Committee.

A draft strategy was produced and consulted upon, and a large scale demand and capacity exercise was undertaken. Comments received from the draft strategy consultation and the outcome of the demand and

capacity work were taken into consideration to develop this final strategy document.



1.3 Stakeholder Engagement

A Stakeholder Communication and Engagement Plan was developed to seek the views and opinions of a range of partners including our service users and their families.

The strategy has been developed in collaboration with many of our stakeholders, and the engagement process provided an opportunity for those stakeholders to see their contribution within the document in its entirety, and to allow those stakeholders who have not contributed so far to have their voice heard.

In addition, the Health Boards across Wales were instrumental to the development of the Demand and Capacity modelling to inform future provision of specialised mental health services across Wales.

1.4 Equality and Diversity

The strategic intention of this strategy has a focus on ensuring equality for the diverse population in Wales.

All healthcare providers must uphold the requirements of the Equality Act [2010], the Human Rights Act [1998] and the Gender Recognition Act [2004] when treating patients.

It is also important that the associated risks for all patients is considered before their admission to single-sex wards in secure hospitals.

Data regarding equality and the diversity of patients in specialised mental health services is limited. In order to ensure that specialised mental health services reflect the needs of our population, a review should be carried out to identify any areas which may impact the outcomes for these patient groups.

1.5 Changes to Commissioning Arrangements in NHS England

NHS England have recently agreed a significant change to their commissioning arrangements for services including mental health services.

These changes have seen the development of Provider Collaboratives. This development will have an impact on the availability of service provision for Welsh patients and we have seen notice serviced on current NHS England contracts for services. It is essential that this strategy considers these impacts and an appropriate response through the development of our services to meet the needs of our patients.

1.6 Changes to Commissioning Arrangements in NHS Wales

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the independent review recommendations made are that WHSSC, EASC and NCCU should be combined into a single (entity) and form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.

The new (entity) should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.

At the time of writing this strategy, the new organisation is due to be established from 1st April 2024. Any implications of these changes will be reflected in future reviews of this strategy where appropriate.

1.7 A Blended Approach to Service Development

Throughout the development of this strategy, the barriers of having different levels of care and "labelling" given to services has been seen as a key issue in service delivery. It was clear from discussions that a seamless approach was favoured, and a patient centred approach developed to ensure this is delivered.

The findings of the key service areas in this strategy aim to achieve this and the key theme of blended models of care can be seen in these sections.

PART 2: DEMAND AND CAPACITY

In February 2023, the Joint Committee of Welsh Health Specialised Services Committee (WHSSC) commissioned a simulation-modelling led capacity and demand review of specialist mental health services.

Within the review, a series of engagement sessions took place, meeting with nearly 40 stakeholders across Wales, to understand their aspirations for the project, as well as their hopes and concerns relating to future capacity and demand. Statistical analysis and modelling were undertaken using pseudonymised service data supplied by WHSSC, and by each of the 7 Health Boards.

Utilising this historic analysis shows:

- There was a peak in CAMHS occupancy in 2021, following a steady rise during the periods of national lockdown. From 2022/23, the previous decreasing trend in demand has again been seen. Mean occupancy in 2023 is lower than it was in 2018 (29 as against 33 occupied beds).
- There has been an increase in adult eating disorder occupancy from 2020 onwards. This has continued beyond the lockdown periods. There is no 'in-house' provision for adult eating disorder inpatients,

but most recently mean demand is for 15 placements at any one time.

- Tonna Hospital, in Swansea Bay, provides the only NHS Wales direct perinatal services. There has been a small increasing trend in use overall, but numbers are very volatile.
- There has been some volatility in use of in-house low secure provision, displaying a long-term declining trend. Overall use of these beds is now similar to that in 2018, at around 45 beds occupied at any one time.
- Over and above in-house low secure services, very substantial use is reported of independent sector placements. The number of such new placements had been rising, but more recently has begun to fall back to earlier levels.
- There has been a relatively steady increase in occupancy of medium secure services throughout the past five years. In 2022/23, typical daily use stood at 129 beds, compared to 119 in 2018.

Following baseline and scenario modelling, we conclude:

- The planned capacity of 27 could prove sufficient for CAMHS within the current planning horizon, assuming work takes place on lengths of stay and readmissions. Capacity for eating disorder services should be kept available within this number.
- A Welsh NHS eating disorder unit for adults could be created, with capacity in the range of 8-12 beds.
- A realistic planning number for low secure bed requirements could be of the order of 135 beds.
- For medium secure, a realistic planning number could be of the order of 130 beds.
- Existing arrangements for perinatal beds could be permitted to continue throughout the period forecast.
- Discussions will continue around community alternatives to inpatient admission, and these effects will need to continue to be monitored in future. If that is to be done meaningfully, better shared access to consistent datasets will need to be developed.

These findings have been used to develop and underpin the key service sections of this strategy with the detailed analysis provided in the final demand and capacity modelling report provided in each of these sections of the strategy.

For full details on the Demand & Capacity report please see link below

Demand & Capacity Report October 2023

PART 3: KEY SERVICE AREAS

This section considers the key services areas under the mental health specialised services portfolio and are as follows:

- Secure Services (including male, female and learning disabilities)
- Child and Adolescent Mental Health Services (CAMHS) and Forensic Adolescent Consultation Service (FACS)
- Eating Disorders
- Perinatal Mental Health
- Neuropsychiatry

3.1 Secure Services

Background

The purpose of this section is to consider the development of tertiary services for secure settings in Wales to meet the population need whilst meeting the requirements of the Service Review of Secure Services "Making Days Count – National Review of Patients Cared for in Secure Mental Health Hospitals" conducted by NCCU published in April 2022.

The review was commissioned to achieve greater understanding of the issues relating to secure mental health hospital care.

In addition, both the learning disabilities and secure services workstreams considered blended models of care for patients with a learning disability to receive their care in mainstream services where this is appropriate. This blended model would allow for this cohort of patients to receive their care closer to home compared to specialised learning disability placements.

One of the key drivers for the development of services for people with a learning disability is the "Improving Care, Improving Lives" review published in February 2020.

This review considers the care given to inpatients in learning disability hospitals and sets out 72 recommendations for providers, commissioners and the Welsh Government.

Current Situation

In Wales high secure hospitals are commissioned from NHS England by the Welsh Health Specialised Services Committee (WHSSC) through a national contract. Medium secure hospitals are commissioned by WHSSC, either

directly from two NHS Units in Wales, or from NHS England or the independent sector through the NHS Wales National Collaborative Framework. Low secure services are provided directly by some Health Boards and/or commissioned from the independent sector, normally through the NHS Wales National Collaborative Framework. Health Boards in Wales are the current commissioners of low secure services. The below shows the commissioning arrangements and the number of hospitals, units and patients across each type of secure setting.

Ty Llewellyn

Tŷ Llewelyn is a 25 bedded purpose-built Medium Secure Unit commissioned by WHSSC for male patients on the Bryn y Neuadd Hospital site, Llanfairfechan.

The North Wales Forensic Psychiatric Service is primarily concerned with the assessment, treatment, rehabilitation and aftercare of patients who suffer from a mental disorder and who have offended or are considered likely to offend and require a secure environment to safely provide the assessment and treatment required. The unit comprises of three wards Gwion Ward (5 bed Admission/Extra care) Pwyll Ward (10 bed Admission/Assessment) and Branwen Ward (10 bed Rehabilitation).

Referrals are taken from a variety of sources including the generic Mental Health Services, Criminal Justice System, General Practitioners, Prison Services, Special Hospitals and Social Services.

Caswell Clinic

Caswell Clinic is commissioned centrally by Welsh Health Specialist Services Commissioners on behalf of the Welsh Health Boards that it serves.

The clinic provides forensic psychiatric inpatient care to patients with serious mental illnesses who have offended or at risk of offending and pose a risk to the public. The service provides a broad range of evidence-based treatments and therapies delivered via a multi-disciplinary team with a focus on addressing, reducing and managing risk, through collaborative working with the patient to support them during their treatment and road to recovery.

There are 61 beds in the clinic in total (50 male and 11 female).

Learning Disabilities

Through discussions across the workstreams during the development of this strategy, it emerged that provision for patients with learning disabilities was very limited in the current secure services provision. This strategy ais to develop services to ensure that patients with a learning disability are able to access mainstream services where their learning disability is not the primary reason for a placement. Models of care, pathways and staffing models should be developed with this consideration.

Estates and Infrastructure

Current estates for the NHS Wales secure services provision require a modernisation agenda. This should support the development of integrated secure services as described above, allow provision for more robust services for our female population, and provide a basis for flexibility and further development to meet the needs of our population now and in the future. This should include the provision of en-suite facilities and the development of sufficient seclusion suites for each unit. A separate women's seclusion suite has recently been built for the female cohort and a business case submitted to Welsh Government for an additional two seclusion suites at Caswell. A further business case is being developed for an additional seclusion suite at Ty Llewellyn.

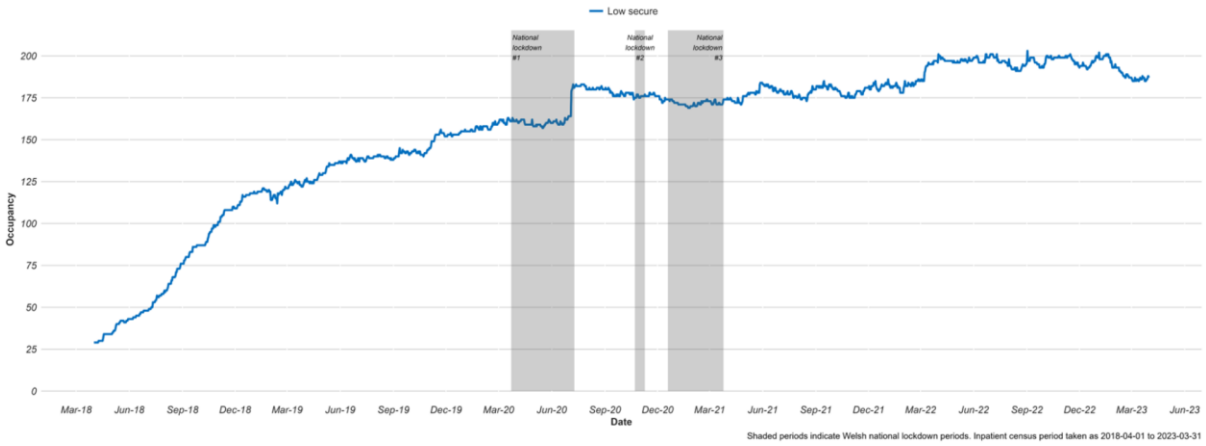
Recognising that access to capital funding in Wales is limited, consideration should be given to developing a provider collaborative approach between the NHS and independent sector to ensure our population have access to services in a timely manner.

Information systems also require modernisation with paper records still in use and the lack of a system to record and share records. This should include the development of a set of minimum information standards and a patient passport in order to facilitate the transfer of patients into and out of our secure services beds and units.

Demand and Capacity

Historic Analysis

Historic occupancy – Low Secure
Total Wales Historic occupancy by service type (Inc. OOAs)

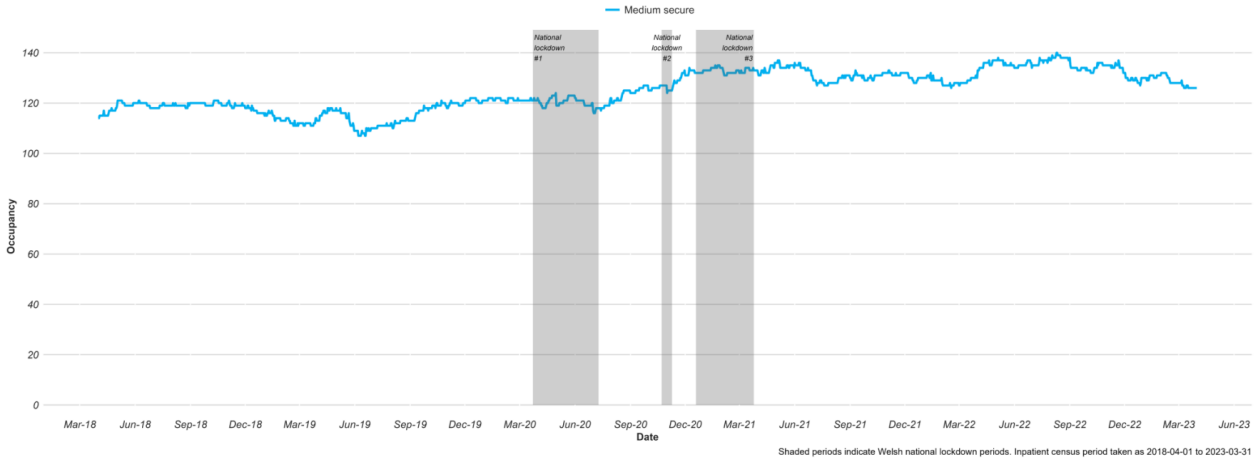


There has been some volatility in use of in-house low secure provision, within a long-term declining trend. Overall use of these beds is now similar to that in 2018, at around 45 beds occupied at any one time.

Over and above in-house low secure services, very substantial use is reported of independent sector placements. The number of new such placements had been rising, but has now fallen back below 2018/19 levels.

Historic occupancy – Medium Secure

Total Wales Historic occupancy by service type (Inc. OOAs)



There has been a relatively steady increase in occupancy of medium secure services throughout the past five years. In 2022/23, typical daily use stood at 129 beds, compared to 119 in 2018.

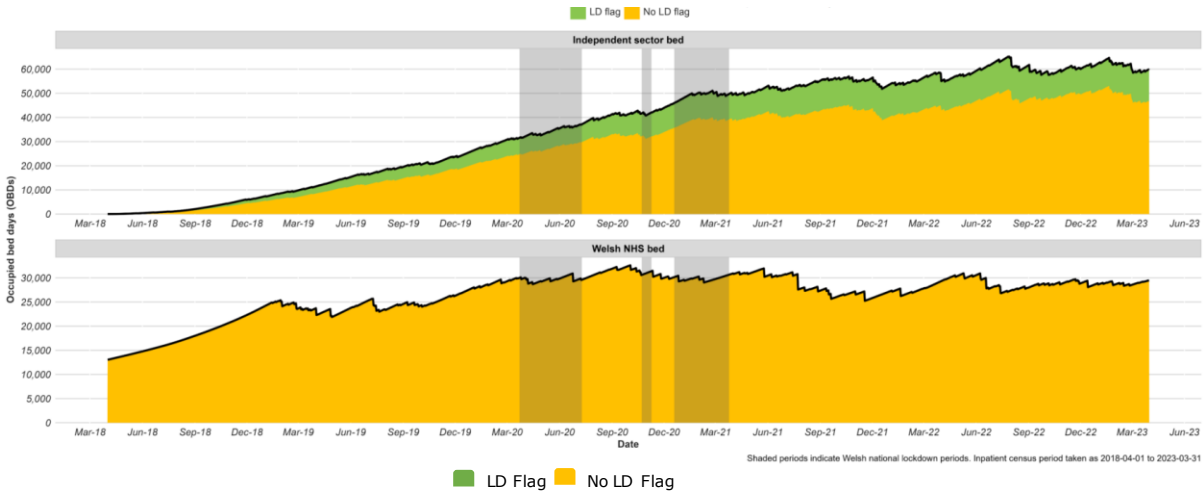
		Mean daily occupied beds by service, responsible Health Board and financial year				
		2018/19	2019/20	2020/21	2021/22	2022/23
Medium secure	Aneurin Bevan	5.1	3.7	4.7	5.4	7.2
	Betsi Cadwaladr	9.4	9.6	9.8	10.9	10.0
	Cardiff & Vale	9.4	9.4	9.9	10.8	10.0
	Cwm Taf	6.1	6.4	6.9	6.8	7.6
	Hywel Dda	6.7	6.1	6.8	7.0	7.9
	Powys	10.4	9.4	10.5	8.9	8.7
	Swansea Bay	7.4	9.3	9.6	10.2	9.6
Low secure	Aneurin Bevan	4.2	7.1	8.2	9.7	11.8
	Betsi Cadwaladr	2.1	5.0	8.7	8.2	7.5
	Cardiff & Vale	5.9	11.3	9.5	9.5	12.7
	Cwm Taf	11.1	16.7	19.9	21.2	23.4
	Hywel Dda	9.9	13.1	12.9	13.9	12.2
	Powys	4.9	9.9	9.6	8.2	9.9
	Swansea Bay	1.2	5.3	9.6	13.3	13.8
Total		*111.9*	*140.1*	*153.5*	*169.4*	*176.9*

Although there remain differences, the values attributable to each health board are weighted by their resident population size. Many numbers are very small, and it is to be expected that there will be some random variation in distribution of cases across Health Boards.

Historic Occupancy - Learning Difficulties

Within Low Secure (OBDs)

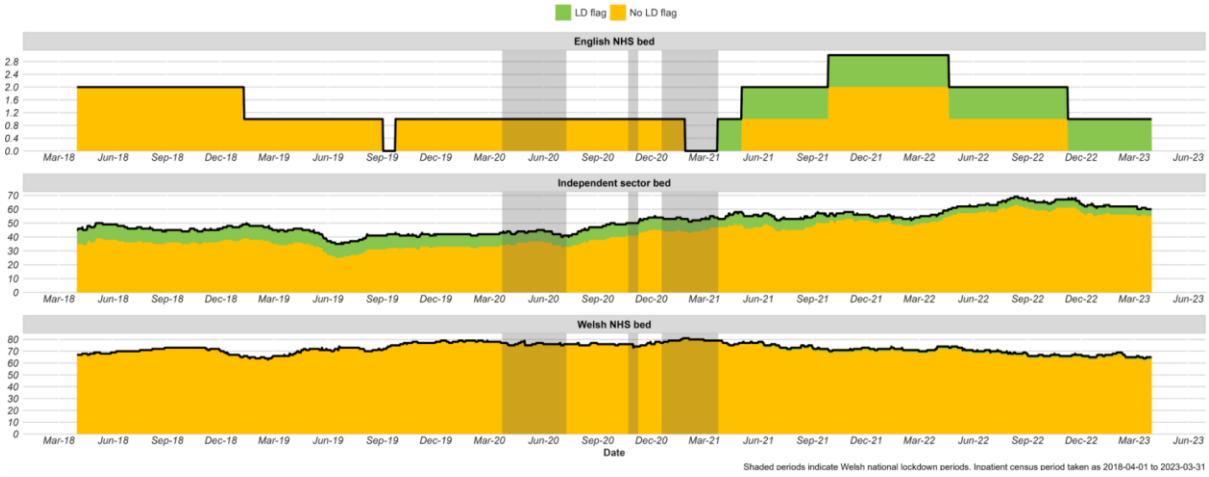
Low secure occupied bed days over time by LD flag status and bed type



Historic Occupancy - Learning Difficulties

Within Medium Secure

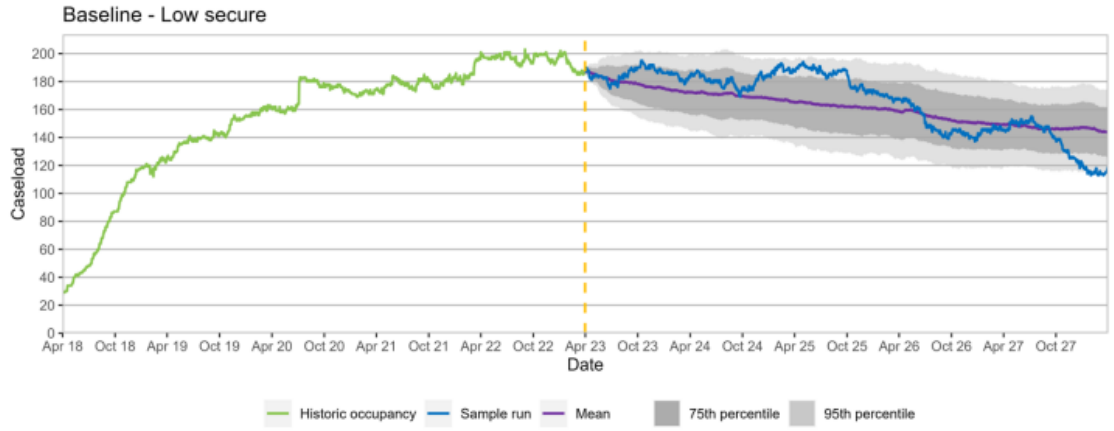
Medium secure occupancy by LD flag status and bed type



Within the secure numbers, there is no recorded use of Welsh NHS low secure beds for patients with a learning disability. Use of independent sector low secure beds for patients with a learning disability has been growing; recorded use of medium secure beds for patients with a learning disability has been falling.

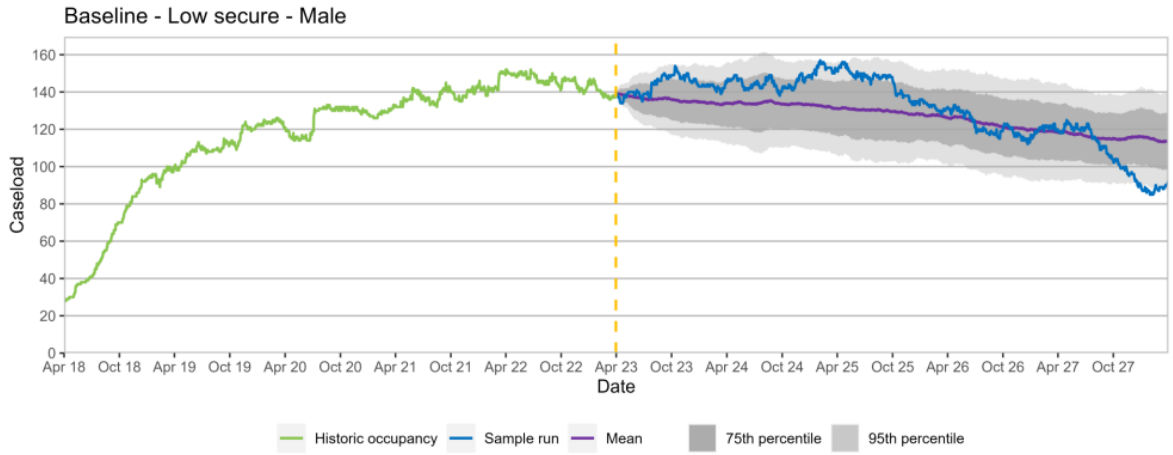
Baseline Model

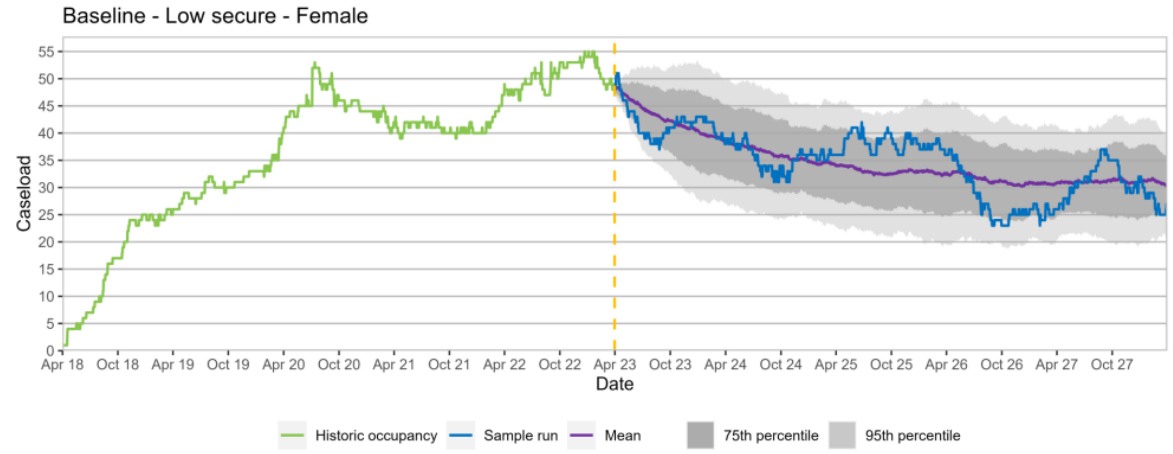
Baseline model – Low secure forecasted occupancy – mixed sex



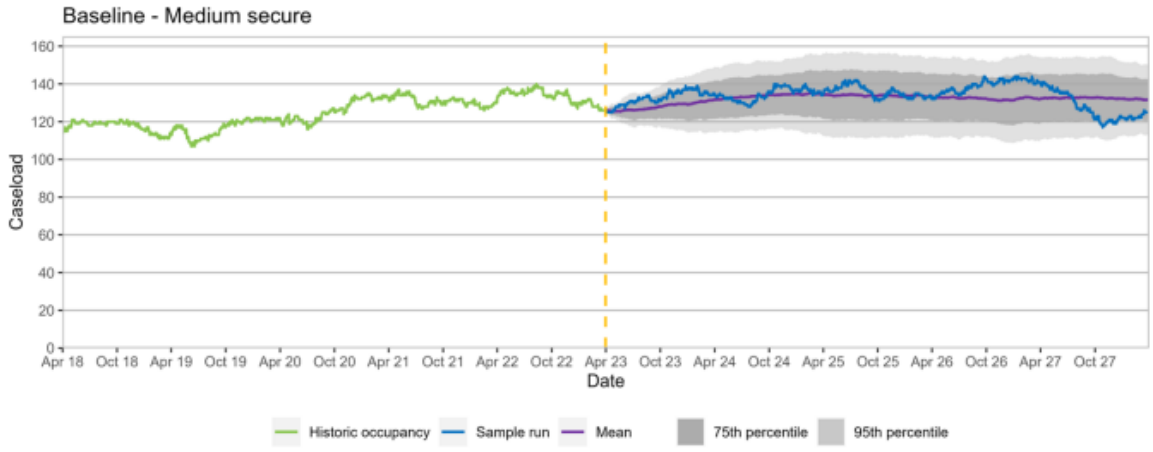
For low secure services, mean forecast demand could stand at 147 beds in 2027/28, against planned in-house capacity of 77 beds. The 95% confidence interval suggests a range of around 120-175 beds. Access to a total of 196 beds could be required to ensure a turnaway risk of 2%.

The following two graphs show that this demand is substantially male (just under 80%).



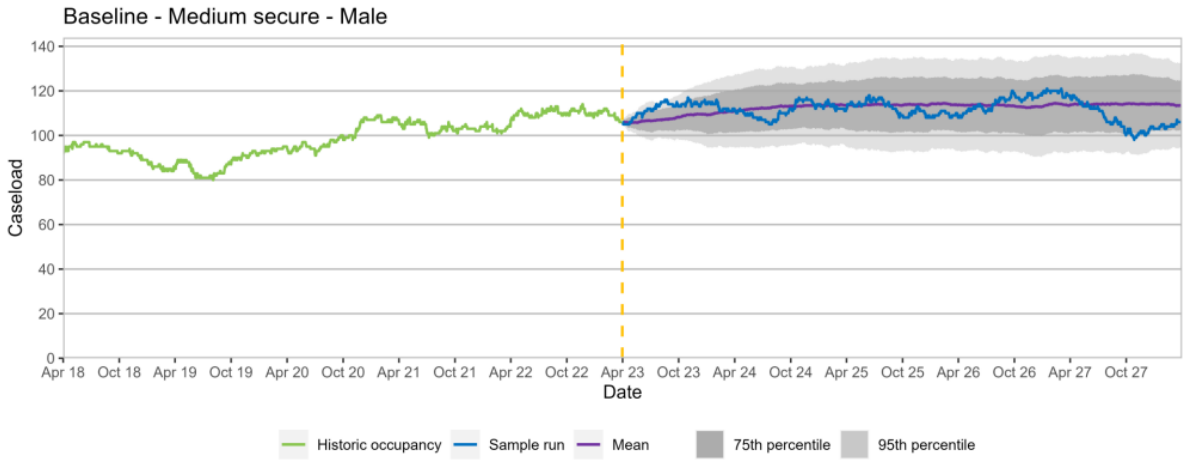


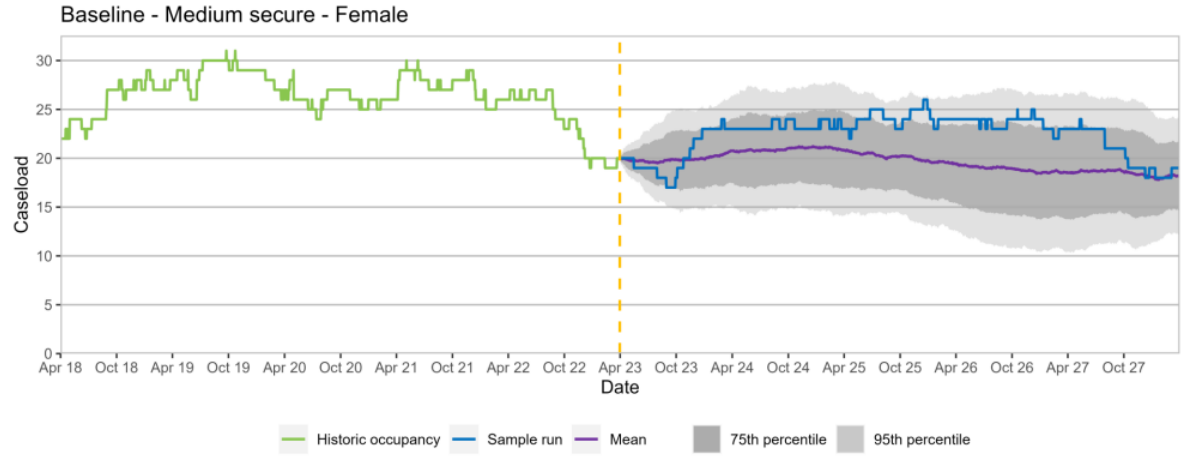
Baseline model – Medium secure forecasted occupancy – mixed sex



For medium secure services, mean forecast demand could rise to 132 beds in 2027/28, against planned in-house capacity of 92. The 95% confidence interval suggests a range of 120-150. Access to a total of 155 beds could be required to ensure a turnaway risk of 2%

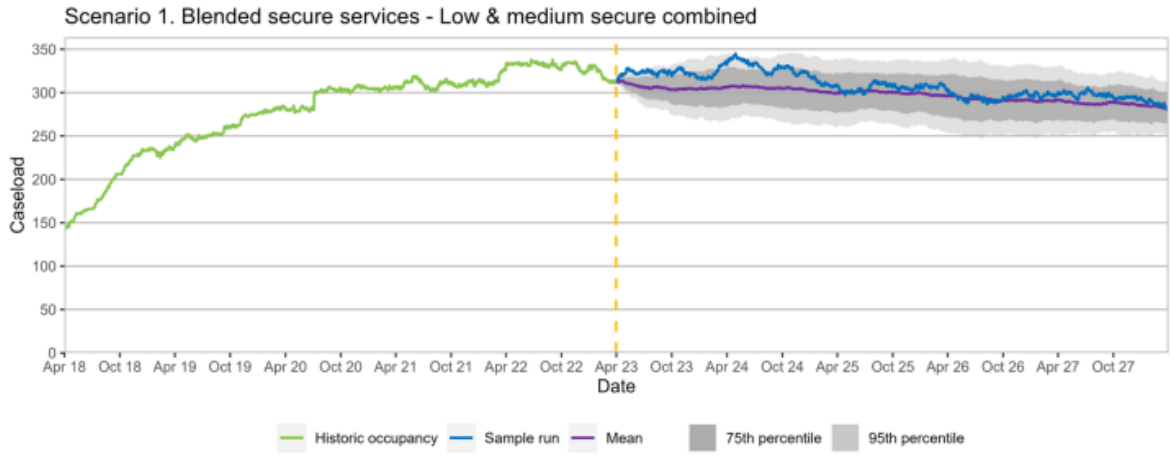
As the next two graphs show, demand for medium secure services is overwhelmingly male.





Scenarios

Scenario 1 - Blended Secure Services:

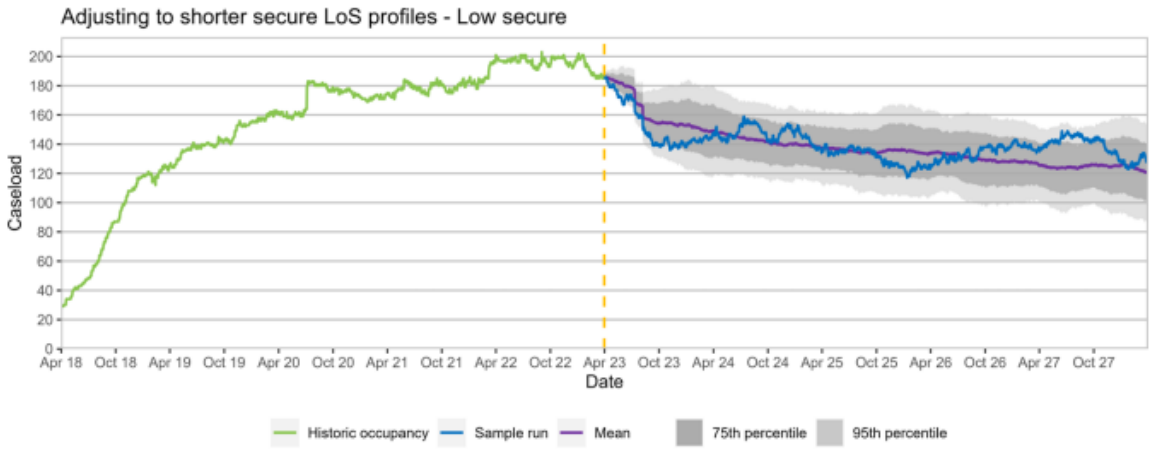


Blending secure services – ending the distinction between medium and low secure beds. This makes no difference to overall demand, but reduces the

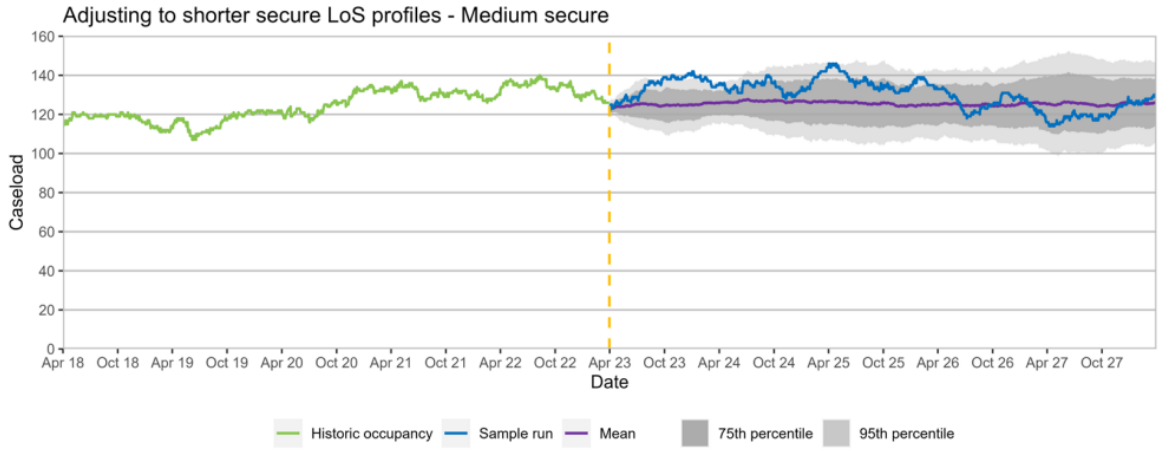
beds required to achieve 2% turnaway risk from 351 to 334 in total, as there is more flexibility across a notional larger bed pool.

Scenario 2: Adjusting to shorter secure Length of Stay profiles:

This scenario reduces patterns of lengths of stay across all secure services to those demonstrated by the services with the shortest pattern of length of stay.



For low secure services, this reduces expected mean demand from 147 to 124 beds by the end of the modelling period.



For medium secure services, this reduces mean demand from 132 beds to 126 beds by the end of the modelling period.

Discussion and Conclusions from Demand and Capacity Report

Low secure

The currently planned in-house capacity of 77 beds is very clearly insufficient to manage current and plausible levels of demand. Use of existing in-house services has actually been falling, with demand increasingly going to independent sector placements.

The likely number of total beds to which access is required could be as low as 124 if variances in lengths of stay can be reduced; or as high as 196 to achieve a 2% turnaway risk with no changes in practice. The mean forecast would be 147 at the baseline level.

The report suggests that a realistic planning number for low secure bed requirements could be of the order of 135 beds. This assumes that some work can successfully be taken forward to address variances in lengths of stay, but that these are not eliminated completely. Given the potential need for substantial capital investment, it does not seem sensible to plan for the higher ends of potential ranges; any investment which can be made would reduce the current dependence on a wide range of independent sector placements.

Blending secure services – ending the distinction between medium and low secure beds - makes no difference to overall demand, but creates more flexibility across a notional larger bed pool. Given the very large difference between current capacity and expected demand, a blended approach should not be expected to make a material difference to bed numbers required, and should be pursued only if considered clinically desirable, rather than in the hope of a significant effect on required bed capacities.

Medium secure

Whilst the currently planned in-house capacity of 92 beds appears insufficient for expected demand, it is closer to that level than is the case for low secure. For medium secure, the report suggests a realistic planning number could be of the order of 130 beds. This would meet current typical daily use, and assume some work is undertaken to address variances in lengths of stay.

As with the low secure situation, this implies substantial capital investment. In both cases, it appears prudent to plan for investment levels at the lower end of current forecasts, with plans being revisited depending on emerging future data.

Future Model

The workstream discussions centred on the need to consider secure services as a whole and an integrated or blended secure services model was discussed as the preferred option for secure services going forward.

Through these discussions, it became apparent that the opportunity to commission secure services through one organisation was the preferred option to ensure that the patient was not disadvantaged in their care through any artificial barriers created by the current organisational arrangements. Further benefits to this approach would include providing a seamless approach to care, and strengthening care co-ordination and gatekeeping for this cohort of patients which will also be taken forward within this strategy.

Secure Services for Men

In terms of secure services for our male patients, it was noted that those with a learning disability could be placed in mainstream secure services if appropriate workforce development was undertaken to meet the additional needs this cohort of patients.

The barriers of the current commissioning arrangements for low and medium secure services by different organisations were discussed and a model of secure care in its entirety was considered the most beneficial for patients, staff and organisations alike. These cross-organisational discussions and arrangements were seen as detrimental to service provision and caused delays in patient care.

The current pathways were considered complex and confusing and a regional approach would ensure national standards and a cohesive approach to care.

In addition, the changes to the commissioning arrangements in NHS England may also impact the need for a more robust Welsh provision, and the development of the Welsh estate should also be considered to ensure a flexible estate to meet demand and increased seclusion facilities to better care for those patients requiring additional care and support.

The impact of the prison population should also not be underestimated. The establishment of HMP Berwyn in North Wales has seen a significant impact on the services provided by Ty Llewellyn. The impact of having no low secure provision in North Wales also has an impact on flow.

The priority for this strategy is to commission secure services for Welsh patients by one organisation to ensure care closer to home and serve the needs of the majority of our Welsh patients in Wakes where this was

appropriate to do so this will include the option of working with the independent sector to achieve this as part of this initial scoping work.

Secure Services for Women

Similarly to the learning disability and men's secure services workstream, the women's secure services workstream had a focus on eradicating labelling and barriers and providing a blended model of care for females in secure services in Wales.

The workstream researched various models of care in NHS England and considered a blended model of care the preferred option. This model considers the secure care pathway for women in secure services and as the majority of women in secure services have a lived experience of trauma, provides a particular focus on trauma informed care.

The blended model should encompass the importance of stability, relationships, connections to family and home life, and include purposeful engagement to develop the model to be most effective and deliver outcomes to support personalised recovery.

Links to the Women in Justice Service would further improve the support available to our women in the criminal justice system benefitting from:

- A psychologically-led, gender and trauma informed model
- A multi-agency gender-informed training package
- Development of an Information Passport
- Gender-informed housing solution model for women who are in or at risk of entering the CJS
- MoJ Residential Women's Centre to be piloted in South Wales

Secure Services for People with a Learning Disability

Patient demographics should be taken into account with a higher prevalence of male learning disability patients that female (69% male, 31% female) and an ageing population, in addition to special needs and co-morbidities, e.g. deaf, autism, dementia, mental illness.

Staff skill mix and therapeutic interventions should be considered for specialised services to ensure the community first ethos is at the forefront of care.

The following options have been considered by the workstream:

1. Do nothing – status quo
    - The current situation is not sustainable and would carry high risks for service provision.
2. Develop a new national specialist Learning Disabilities Medium Secure Unit for male & female patients.

- Accessing capital funding for this option will be challenging. In addition, the numbers of patients requiring the service would not be large enough to support a business case.

3. Blended model:
   - Utilise existing Medium Secure Unit with reasonable adjustments for a provision that blends medium and low secure care.
   - It is useful to have medium and low secure service on the same site, as this would enable a concentration of expertise, particularly important for psychology, to enable treatment programmes (e.g. thinking skills groups, offender groups).
   - Combine services with autism secure care to concentrate expertise.

Preferred Option - Blended Model

All secure hospital care including low secure to be commissioned through one organisation. This would:

a. Support a blended model
b. Facilitate gatekeeping
c. Ensure close working relationships with local provider and Community Learning Disability Teams

Learning Disability Specialised Services in Wales provide care for a small number of patients; however, placements can be very expensive, particularly bespoke placements.

This strategy aims to consider the needs of those patients first and to provide care as close to home as possible for those patients in our specialised services.

The key message from the Learning Disabilities workstream to consider is to provide care through a blended model, utilising and maximising current service provision within the NHS in Wales.

The recommendations from both the Improving Care, Improving Lives review published in February 2020, and the Secure Services Review published in April 2022 indicate the need for services to evolve and develop into a more blended model, eradicating barriers along the pathway and improve patient care.

As such, this strategy aims to scope and implement a blended model, alongside work arising from this strategy for both men's and women's secure services as a coalition to improve secure services for the whole population, including those with learning disabilities.

A blended model of care would provide the following outcomes:

- This would facilitate the development of a blended model and other functions, such as the gatekeeping role and the centralisation of expertise.
- Ensuring close working with local providers and Community Learning Disability Teams is crucial to move the patients according to their needs and clinical presentations.
- Utilise existing Medium Secure Units in NHS Wales with reasonable adjustments for a provision that blends medium and low secure care.
- Further development of our multi-disciplinary teams.
- To expand and improve the current coordination of patients in secure care to enable strong clinical leadership and input into the treatment plans offered by the secure care.
- To remove a significant impediment to the effective use of resources.
- To improve, and expedite, the patients journey through secure care.
- To ensure patients' needs are met by the right level of security.
- To reduce delays in transfer by implementing a robust Delayed Transfers of Care reporting and explore barriers to step down. The gatekeeping role should be strengthened to support the patient.
- To remove perverse incentives for change.
- To take more of a strategic view of capacity across the secure services system.

In order to achieve this, this strategy aims to:

Strengthen links to community services to ensure seamless transition between levels of services and between age thresholds.

- Investment in community complex case teams.

To develop appropriate governance arrangements for Integrated and blended secure service provision in NHS Wales to provide quality assurance, care co-ordination and gatekeeping provision for secure services.

- To ensure appropriate gatekeeping and care co-ordination throughout the patient journey in secure services.
- To provide quality assurance for patient care.
- To ensure regular case reviews are in place for patients.

Key Projects

The discussions at workstream to develop the strategy and the Demand and Capacity modelling have highlighted a number of key projects to be undertaken to improve secure services for mental health in order to achieve the outcomes outlined above.

The following projects have been highlighted for progression during the tenure of this strategy:

1. **A Single Commissioner Model for Secure Mental Health Services**

The commissioning of secure care services is to be consolidated and commissioned by one organisation for low, medium and high secure care for both men and women. Commissioning is to be inclusive of those with a learning disability where secure requirements are relevant and it is appropriate to do so.

- Commissioning and funding streams to be examined and redesigned if necessary.
- Funding to be ring-fenced for secure services.
- Consideration of the provider collaborative model.
- Ensure care closer to home where this is possible and appropriate and serves the needs of the Welsh patients in Wales.
- Ensure the Welsh public spending goes back into the Welsh economy.

2. **Blended Model for Men in Secure Mental Health Services**

To develop appropriate governance arrangements for integrated and blended male secure service provision in NHS Wales to provide quality assurance, care co-ordination and gatekeeping provision for secure services.

- To ensure appropriate gatekeeping and care co-ordination throughout the patient journey in secure services.
- To provide quality assurance for patient care.
- To ensure regular case reviews are in place for patients.

3. **Blended Model for Women in Secure Mental Health Services**

To develop appropriate governance arrangements for integrated and blended female secure service provision in NHS Wales to provide quality assurance, care co-ordination and gatekeeping provision for secure services.

- To ensure appropriate gatekeeping and care co-ordination throughout the patient journey in secure services.
- To provide quality assurance for patient care.
- To ensure regular case reviews are in place for patients.

4. **Inclusion for patients with a Learning Disability and Neurodevelopmental Conditions in mainstream Secure Mental Health Services**

To ensure regular review of LD patients in placements reinforcing the care co-ordination and gatekeeping role.

- The current coordination of patients in secure care needs to expand to have strong clinical leadership and input into the treatment plans offered by the secure care. There is also a need to implement robust Delayed Transfers of Care reporting and explore barriers to step down. The gatekeeping role should be strengthened to support the patient.

To consider the role of the community learning disabilities team to support forensic requirements.

- It emerged that there is little specialist expertise to deal with this group of patients. Welsh expertise can be developed to advise on such cases, to avoid total reliance on private providers either through upskilling the current teams, or through the development of an all-Wales liaison model to provide forensic expertise as required.

3.2 CAMHS/FACS

Background

In order to provide a focus on the requirements of specialist Child and Adolescent Mental Health Services (CAMHS) across Wales, including the FACS (Forensic Adolescent Consultation Service) Service, the strategy considers the development of services for both CAMHS and FACS to meet the population need.

One of the key drivers for this area is the "Service Review: NHS Wales Children and Adolescent Metal Health Inpatient Services" published by NCCU in April 2021.

This review considers the care given to inpatients in CAMHS hospitals in NHS Wales sets out key recommendations for Health Boards, commissioners and the Welsh Government.

In order to develop this section of the strategy, a workstream was set up to specifically consider Specialist CAMHS service requirements for the population of Wales to be commissioned by Welsh Health Specialised Services Committee (WHSSC). In addition to this, the workstream considered the relationships and provision of the FACS service to support forensic CAMHS services in Wales.

The CAMHS/FACS workstream was jointly chaired by the Director of Quality, NCCU and the Director of Finance at WHSSC, with membership from a range of clinical and service representatives, as well as representatives from NCCU and WHSSC. These professionals came from a range of health boards and statutory organisations to provide a full and unified discussion forum.

Current Situation

CAMHS

The North Wales Adolescent Service Unit (NWAS) is located on a relatively isolated community hospital site, just south of Abergele in North Wales. As well as the NWAS unit, the community hospital site hosts a specialist eye unit, orthopaedic rehabilitation services and some Betsi Cadwaladr University Health Board (BCUHB) administrative functions. There are no other mental health or paediatric services on site. The NWAS unit was opened in 2009, the original business case for the service was for 18 beds split between a 6 bedded acute ward and a 12 bed planned treatment ward but this was adjusted due to revenue constraints. The service was eventually commissioned for 5 acute beds and 11 planned treatment beds although staffing difficulties has limited this to a mixed 12 bedded treatment/acute ward.

The Ty Llidiard Unit is based on the Princess of Wales Hospital site in Bridgend, South Wales. As well as the Ty Llidiard unit, the general hospital site hosts an emergency department, paediatric services and adult mental health services. The Ty Llidiard Unit was opened in 2011 and although it has capacity for 19 beds, has been commissioned to provide 15 mixed treatment/acute beds.

In December 2021, additional recurring funding was awarded to provide specialised CAMHS services in Wales. This provision will allow the services to strengthen leadership and culture, staff mix and greater therapies input for our inpatient unit therefore developing the multi-disciplinary teams, Tier 4 outreach support, the purchase of additional surge beds, improvements in quality and value, and the opportunity to conduct a rapid review into eating disorder services.

FACS

FACS is a highly specialist consultation and treatment service to Tier 3 Forensic Child and Adolescent Mental Health Services (FCAMHS) concerned with the care and treatment of children and young people who, in the context of mental disorder(s) or significant adversity/trauma and related severe psychological difficulties, present a serious risk to others. The service does not provide services directly to patients.

The role of FACS includes:

- A consultation service to Tier 3 Forensic Child and Adolescent Mental Health Services.
- Facilitating and overseeing the pathway for young people requiring admission to medium secure inpatient services.
- Direct assessment of young people and the family and/or professional systems around the young person may at times be indicated.

- Providing training to other healthcare professionals and multiagency partners.
- Research.

Through the recent development of a draft service specification for FACS, a number of key performance indicators have been identified that will be reported on a monthly basis going forward, including:

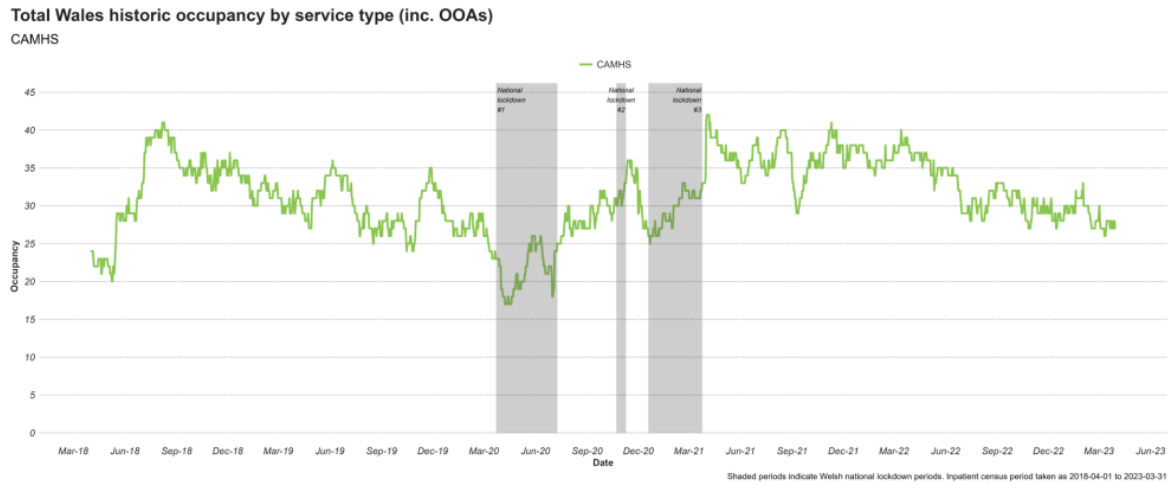
- New Referrals by Health Board
- New Referrals Accepted
- New Referrals Not Accepted
- Number of Professionals Meetings arranged by and attended by FACS
- Number of Professionals Meetings arranged by partner agency but attended by FACS
- Number of Written Reports sent out by FACS
- Number of Professionals Letters written and sent out by FACS
- Number of cases formally consulted on by FACS from Tier 2 CAMHS
- Number of cases FACS has formally consulted on as referred by Tier 3 CAMHS (including cases in the monthly meetings)
- Number of cases formally closed by FACS with written confirmation sent.

A new service specification outlining 'Core FACS' has been co-produced by WHSSC and the FACS Team and the inclusion of prison in reach is being considered. WHSSC are also working with FACS to develop a service specification for the work they undertake with Youth Offending Teams.

Demand and Capacity

Historic Analysis

There was a peak in CAMHS occupancy in 2021, following a steady rise during the periods of national lockdown. From 2022/23 the previous decreasing trend in demand has again been seen. Mean occupancy in 2023 is lower than it was in 2018 (29 as against 33 occupied beds).

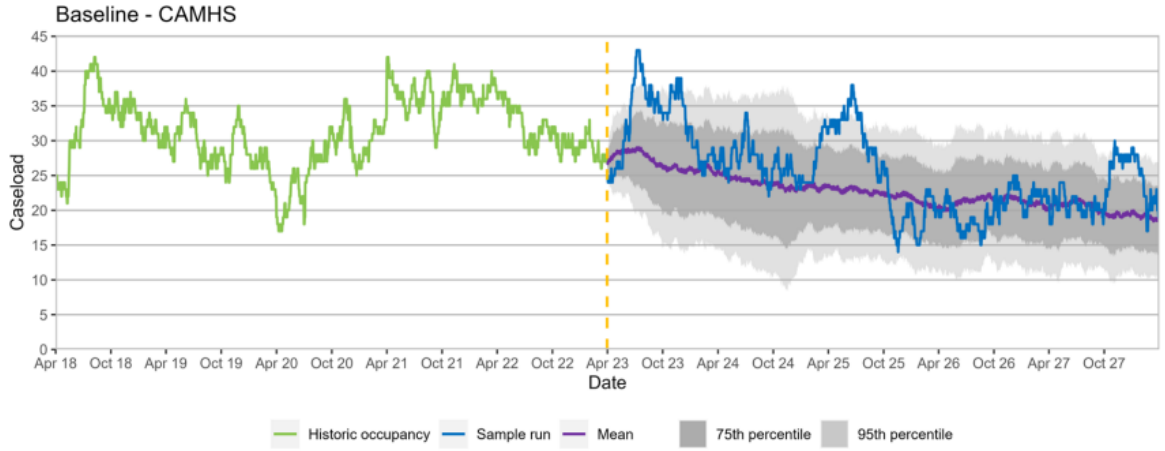


Baseline Model

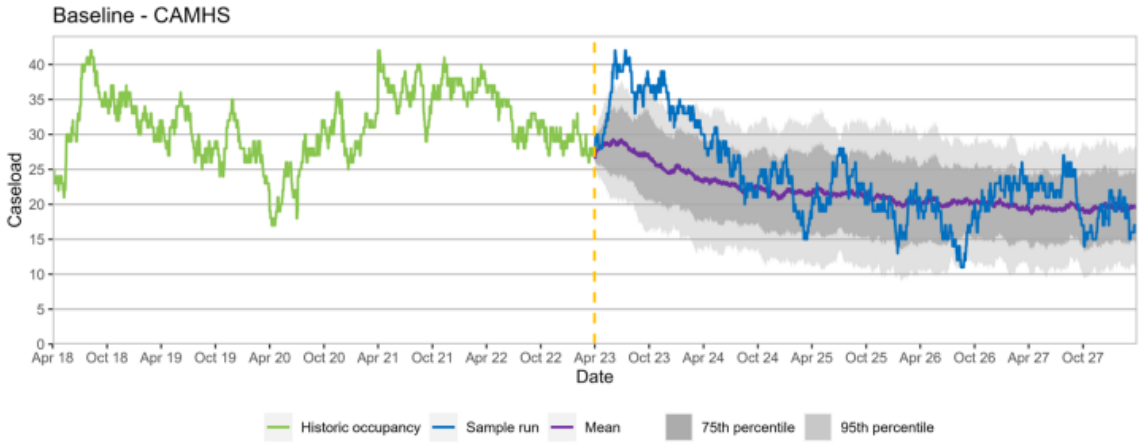
The baseline model forecasts that, for CAMHS, mean forecast occupancy could fall to 20 beds in 2027/28, if current trends continue. These are small numbers, and the 95% confidence interval around this suggests a range of 11 to 27 beds.

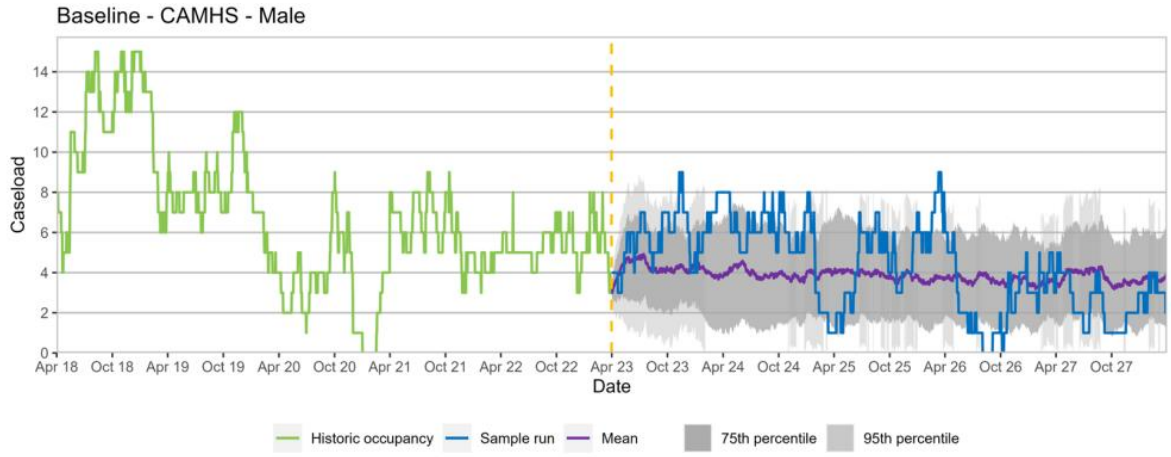
As many as 34 beds (against planned capacity of 27) could be required to ensure a turnaway risk of 2% i.e. a suitable bed being unavailable for only 2% of new presentations.

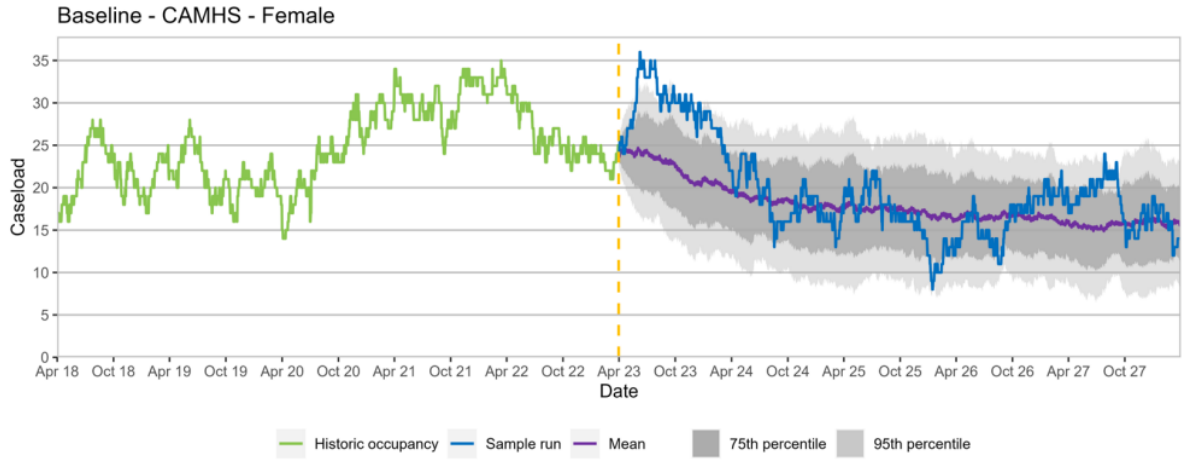
Demand for CAMHS beds is overwhelmingly female.



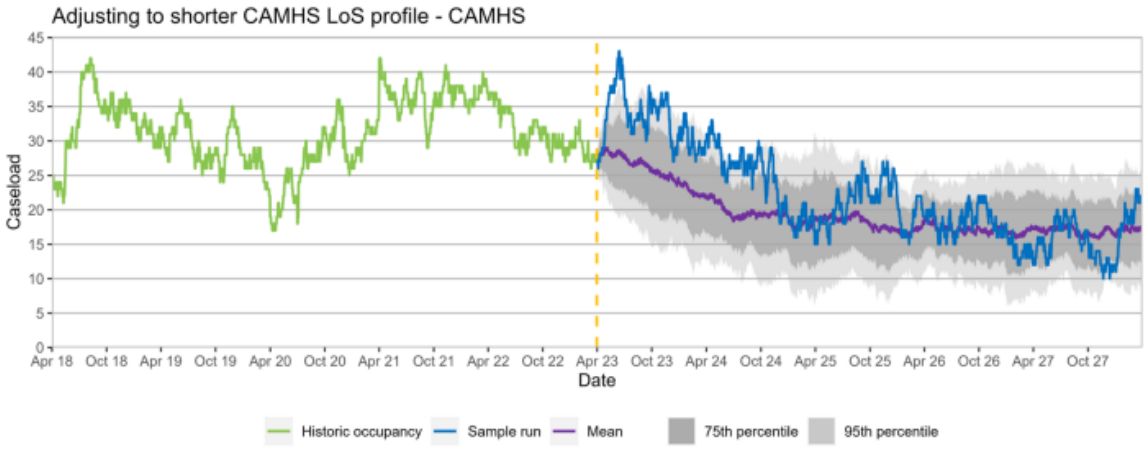
CAMHS forecasted occupancy



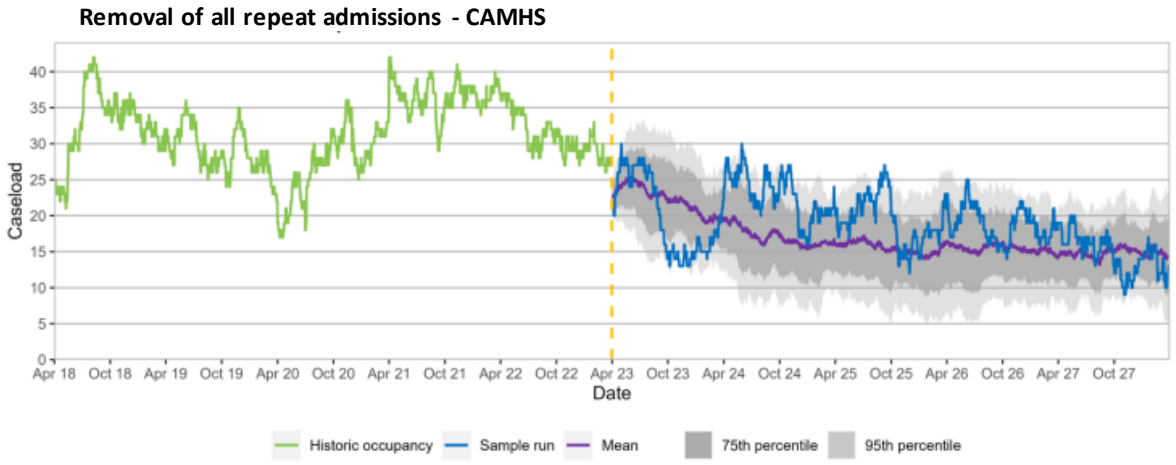




Scenarios



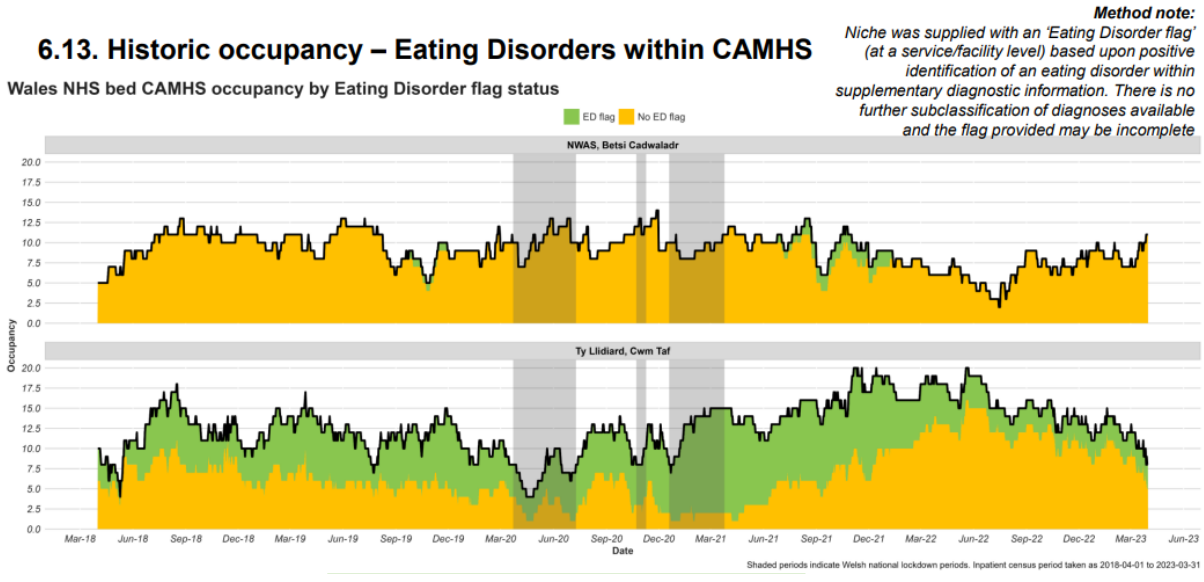
Reducing patterns of lengths of stay across all CAMHS beds to those demonstrated by the service with the shortest pattern of lengths of stay. This reduces mean demand from 20 beds to 17 beds by the end of the modelling period.



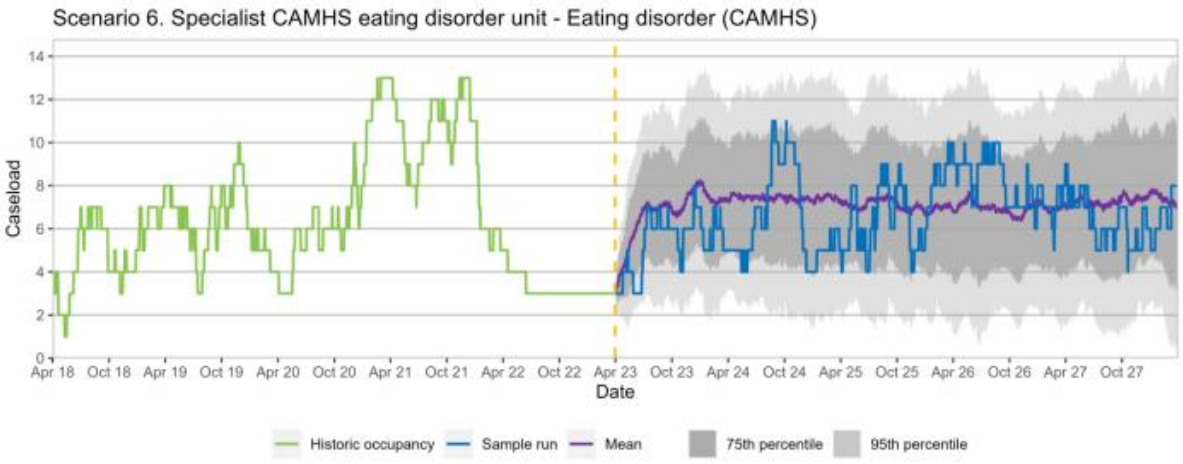
Removing repeat admissions could result in mean demand falling from 20 beds to 14 beds by the end of the modelling period. Effects on other services would be very small, as there are far fewer repeat admissions for services other than CAMHS.

Also of note are the opportunities which stakeholders identified to reduce the variance in patterns of lengths of stay across Wales, and to work to reduce 90-day readmissions.

It may therefore be that the planned capacity of 28 could prove sufficient for CAMHS within the current planning horizon, assuming work takes place on lengths of stay and readmissions.



6.15. Eating disorder (CAMHS) forecasted occupancy



The case for a specialist CAMHS eating disorder unit is not clear-cut. A single unit for Wales of potentially around 7 beds would inevitably be at a significant travelling distance for many patients and families; whichever unit hosted this service could in turn require more non-eating disorder patients to travel greater distances within Wales. In addition, demand for this potential service appears quite volatile. It may therefore be a more practical option to emphasise the need for skills in the care and treatment of eating disorders within the existing small base of CAMHS beds, rather than to create a new and specialist unit. This would in turn mean accepting that some very highly specialist needs may still need to be met by dedicated specialist eating disorder services, from time to time.

Future Model

CAMHS

Referrals into the units are currently assessed by unit staff and this does not support the ethos of impartial gatekeeping policies. A review of alternative pathways and an options appraisal will be conducted to assess feasibility of any alternative referral options. Consideration will also be given to developing the service to accommodate 7 day admissions.

In addition, there is a need to develop and strengthen partnership working with community services and consideration given to in-reach, out-reach and transition services.

Consideration of the NHS Lothian model of care should be considered to scope the feasibility of unscheduled care and assertive outreach services for the Welsh population. This model has been considered as a key driver of this strategy due to the similarities with the health model in Wales, the

Health Board system, and the opportunity to explore the model of care from both the provider and referrer viewpoints.

The Unscheduled Care service at NHS Lothian is a nurse led service that forms part of their Tier 4 CAMHS whilst maintaining links across service levels. The service currently runs 7 days a week between 7.30am and 8.30pm with an aim of being 24 hours in the future providing emergency assessment and short term follow up for young people up to the age of 18 who present in crisis and require same day emergency input.

The CAMHS Assertive Outreach Team (CAOT) at NHS Lothian is also classed as a Tier 4 service which offers input to young people and families that present with increased risk that requires more than one contact per week

It was agreed that the traditional "tiers" system in CAMHS services often provided a barrier to care provision for our children and young people and in some cases caused confusion when interacting with other services. It is recommended that the Tier system be reviewed nationally to ensure a seamless pathway for our population. The Welsh Government Vision Statement referred to previously in this strategy indicates consideration of the removal of no longer purposeful or meaningful age-based service definitions where working age ends at 65 and childhood ends at 18. This work will be taken into consideration throughout the tenure of this strategy and the strategy will be revised accordingly.

Betsi Cadwaladr University Health Board are currently developing a programme to improve quality and effectiveness of assessment, inpatient care and alternative to admission at Tier 4 CAMHS. Links to this strategy are in place in order to inform future developments as a result of this programme, particularly in relation to the Tier 4 NWAS service.

The provision of paediatric support available to the NWAS unit in North Wales was considered a positive addition to service provision and many areas would like to see this replicated. Data would suggest that this input has attributed to admission avoidance, early discharge, and to be of particular support to the avoidance of NG Feeding for children and young people. The option of collaborative bidding should be scoped for paediatric input provision to be available across Wales.

In terms of capital developments, the siting of the NWAS unit was raised as a key area of concern due to the separation of this site from other service provision. A review of the NWAS site will be undertaken and, if appropriate, an options appraisal and scoping exercise undertaken to consider alternative options.

National Eating Disorders Team

The Eating Disorders Outreach Service (EDOS) was established to provide assessment and consultation, specialised Eating Disorders Training and group programmes to support the community eating disorders services for young people. In addition, the service received further funding in 2017 to support the development of transition services.

Consideration should be given through the scoping work described in this strategy to the support the EDOS Team could give to further enhance service provision.

FACS

In response to a strategic review in 2019, the following priorities have been identified:

- Stabilisation of the service – addressing recruitment, retention and management issues.
- The development of service specifications and associated resource that set out the services provided to CAMHS, Youth Offending Teams and Parc Prison.
- Review of FACS interface with CAMHS services as part of the core health (CAMHS) service specification.
- Clarification of FACS role in Hillside Secure Children's Home.

Key Projects

1. To assess the CAMHS NHS Wales inpatient estate

To consider the implications of the remote location of the NWAS unit in its ability to meet the requirements of the service specification. In the short term it may be necessary to consider admission exclusions and initiate corrective actions such as the security of the perimeter fence. In the long term, the re-provision of the service at a more suitable site should be considered as part of this assessment.

To ensure estates provision at both units would be able to meet the service specification for an enhanced care area.

2. To review referral pathways into NHS Wales Tier 4 CAMHS Services

This pathway would provide a set of national standards and templates for the referral of patients for in-patient admission into the 2 Welsh units in order to improve and simplify the pathway and strengthen links to gatekeeping and case management.

3. To undertake a comprehensive needs assessment for CAMHS Tier 4 services to include unscheduled care provision

This would ensure the establishment of beds to meet the needs of the Welsh population and also provide the basis upon which to scope the options to extend the current admission hours to allow 7 days admissions onto the units and assist in the timely transition of patients between levels of service provision. Unscheduled care and assertive outreach options could be scoped to assess feasibility.

4. Stabilisation of the FACS service

To address recruitment, retention and management issues.

To review the FACS interface with CAMHS services as part of the core health (CAMHS) service specification.

3.3 Eating Disorders for Adults

Background

In order to provide a focus on the requirements of specialist Eating Disorders services across Wales, the strategy will provide a sustainable and resilient model of care for eating disorders which will give consideration to the development of Specialised Eating Disorder services at tertiary level for Adults to meet the population need.

One of the key drivers for this area is the NHS Benchmarking Demand and Capacity Report commissioned in May 2021. This report provides a rapid review of ED service demand and provision and seeks to identify any trends and considerations for further service development. The review was repeated in November 2021 and the information for both reviews is considered for this section of the strategy.

In order to develop this section of the strategy, a workstream was set up to specifically consider Specialist Eating Disorders service requirements for the population of Wales to be commissioned by Welsh Health Specialised Services Committee (WHSSC).

The Eating Disorders workstream was chaired by the National Eating Disorders Lead for Wales, with membership from a range of clinical and service representatives including psychology, psychiatry, dietetics, paediatrics, nursing, case management, family therapy and service management professionals, as well as representatives from NCCU and WHSSC. These professionals represented both adults and child and adolescent services and came from a range of health boards and statutory organisations to provide a full and unified discussion forum.

The workstream considered the information and data available, and considered a number of service options as outlined below.

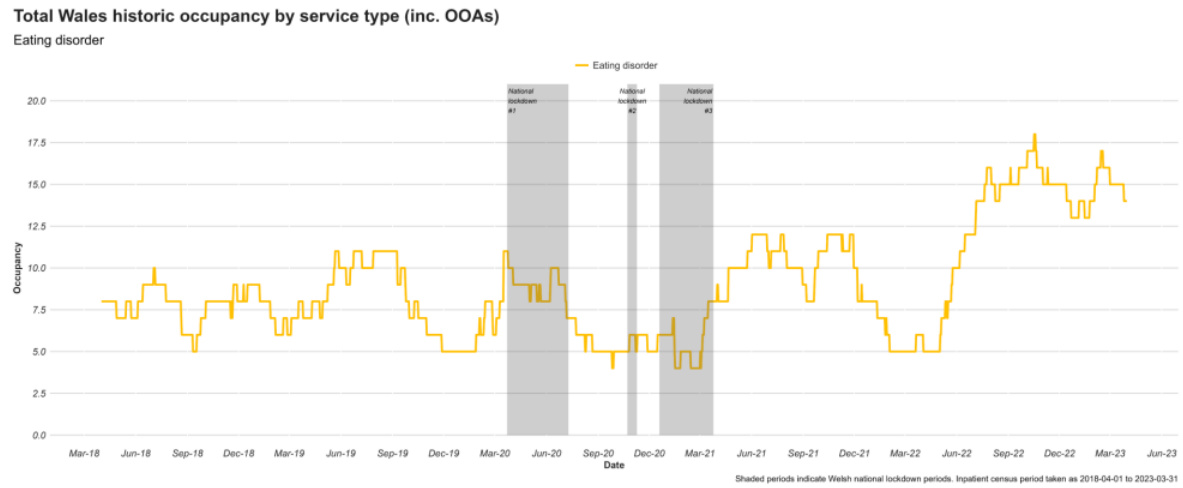
Current Situation

There is currently no NHS Wales provision for specialised adult eating disorder services. Up until August 2022, patients were largely admitted to Cotswold House provided by Oxford Health NHS Foundation Trust. Due to changes to NHS England commissioning arrangements, this service was no longer available for NHS Wales patients, and private sector provision was sought.

In October 2023, Elysium opened a private sector provision in South Wales. WHSSC commission beds from this unit for NHS Wales patients, with this unit and a number of other independent sector providers being added to our framework in October 2023.This has allowed provision for patients closer to home.

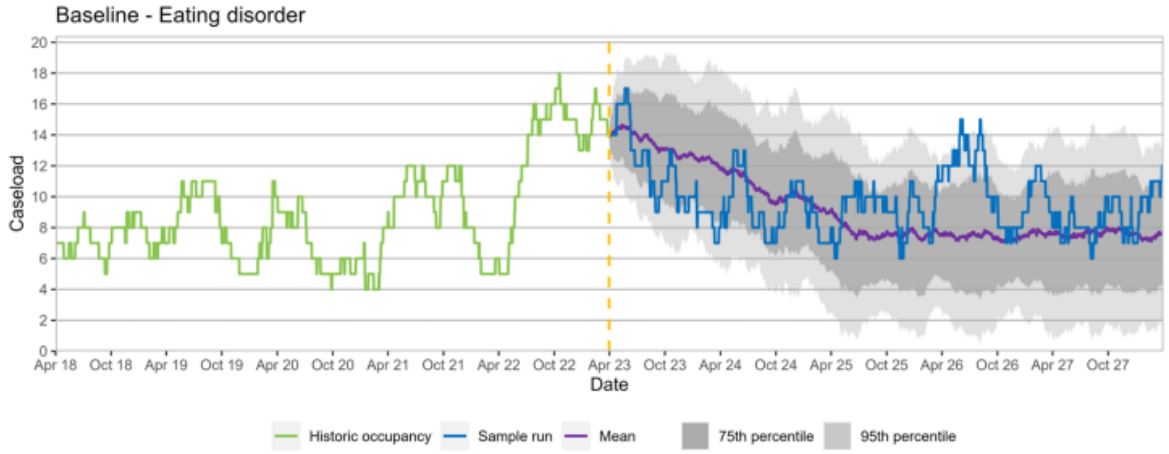
Demand and Capacity

Historic Analysis



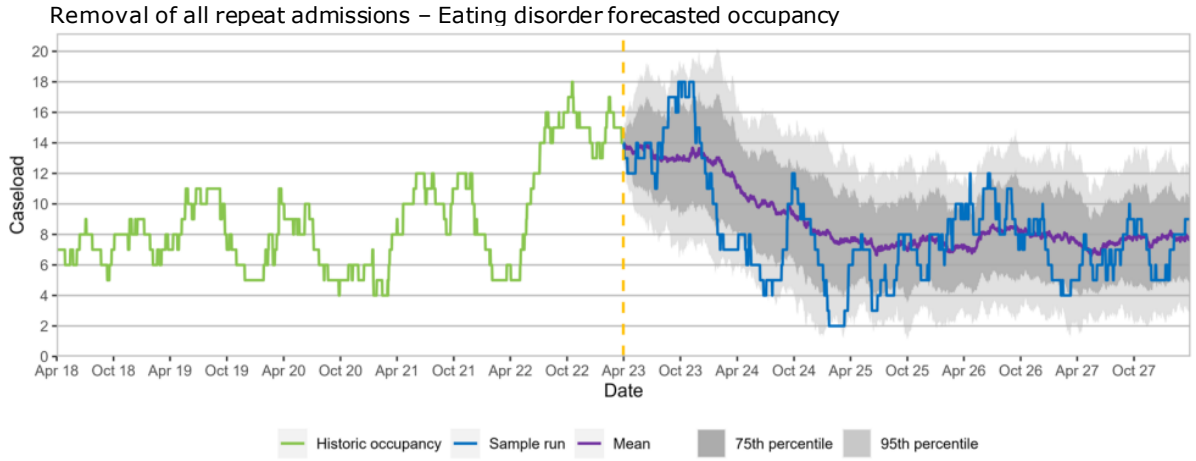
There has been an increase in adult eating disorder occupancy from 2020 onwards. This has continued beyond the lockdown periods. There is no 'in-house' provision for adult eating disorder inpatients, but most recently mean demand is for 15 placements at any one time.

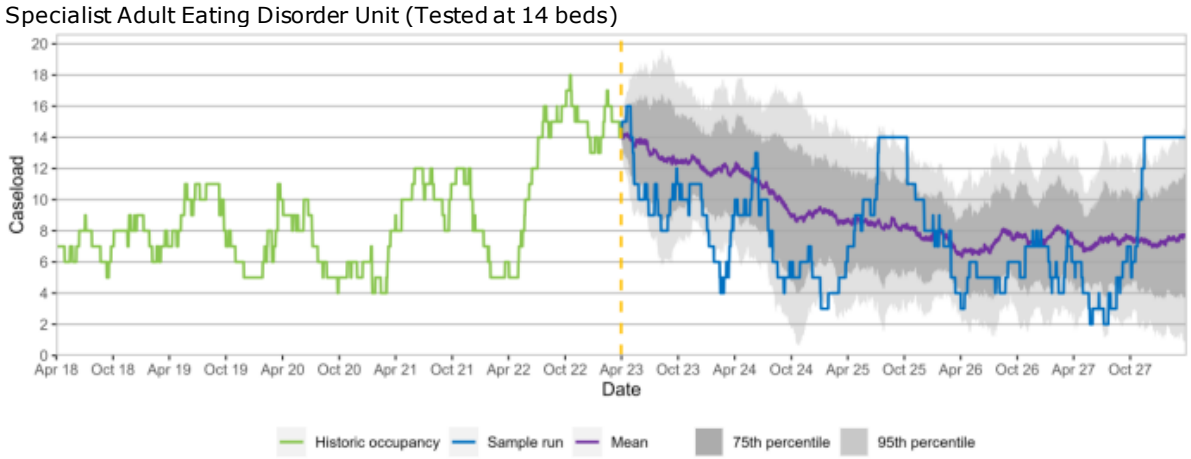
Baseline Model



For adult eating disorders, mean forecast demand could fall to 8 beds, if current trends continue. These are very small numbers, and the 95% confidence interval around this is very wide, from as few as 2 to as high as 14. This volatility and uncertainty means that access to as many as 17 beds could be required to ensure a turnaway risk of 2%.

Scenarios





The creation of a new specialist adult eating disorder unit confirmed the baseline analysis' forecast of 16-17 beds being required to achieve a turnaway risk of 2%. A unit of 14 beds could be expected to achieve mean occupancy of around 50%, unless new demand were created by the additional supply.

Discussion and Conclusions from Demand and Capacity Report

The case for at least some specialist NHS provision in Wales is strong, and was heard clearly from stakeholders. The difficulty is that small numbers and volatility in demand make unit size particularly uncertain. As many as 17 beds could be required to ensure a turnaway risk of 2%, but even a unit of 14 beds could be expected to achieve mean occupancy of only around 50%, unless new demand were created by the additional supply.

The report suggests that it might be most practical to plan towards creating a Welsh NHS unit with capacity in the range of 8-12 beds. A unit in this size range should have sufficient capacity for most of the time, whilst reducing the risk of supply-induced demand. Specialist placements might still be required at times of high and sustained demand.

Future Model

Eating Disorders Unit for Wales

Following changes to the commissioning arrangements within NHS England as outlined earlier in this strategy, a number of options require consideration for the provision of specialised adult eating disorder services for NHS Wales patients. In the first instance, discussions with Welsh Government should take place to consider the feasibility of providing inpatient eating disorder services with NHS Wales, including discussions on the availability of capital funding to support this option and workforce development. An in-depth options appraisal will be conducted to thoroughly

investigate how best to develop future specialist eating disorder services for Wales.

Some of the key discussions when considering eating disorders are silo working and the different pathways and models each health board holds.

Consideration of the data suggested that some health board areas had less referrals to tertiary care and this was partly attributed to resources such as paediatric input and health care support worker roles which correlated with less referrals to specialised services and in particular, less patients with NG feeding requirements.

These discussions highlighted the benefits of more robust collaborative working and provided the recommendation that collaborative funding bids would ensure a more cohesive service across health board areas.

A full options appraisal will be conducted in the first instance to consider the following key issues:

- Capital investment needed.
- Workforce challenges for this specialised service in Wales where there is currently no provision.
- Numbers of patients to support business case.
- Consideration of transition arrangements for CAMHS patients to adult services.
- Potential for day hospital provision to be attached or provide satellite services.
- Build time to be considered as potentially out of the 5 year scope of this strategy.

Medium Term Considerations

There are a number of interim measures that are being taken whilst consideration is made regarding the Eating Disorders Unit. These measures are required regardless of the feasibility of the unit and have stand-alone benefits to consider as the medium term solution or to develop into a longer term solution should the Unit not be agreed for capital investment.

Building our workforce

During the timeframe of this strategy, regardless of whether the Eating Disorders unit progresses, workforce development is crucial for our Welsh patients. The skill mix and specialist qualified and experienced staff are to be considered and developed within the Welsh workforce including the wider multi-disciplinary team provision.

Independent Sector

Following the commissioning of beds within the independent sector in Wales, this should be monitored closely to consider this as a longer term arrangements should an NHS Wales provision not be a viable option.

In addition, framework placements outside of this arrangement should be monitored to ensure quality of service for our patients in all independent sector placements.

Health Care Support Worker Support

In 2018, Aneurin Bevan University Health Board received additional funding to support the medical monitoring of Tier 3 adult eating disorder patients and provide support to those requiring a medical admission for refeeding. The funding was used to employ 2 full-time Band 4 Health Care Support Workers (HCSW). These HCSWs provide support from 8am – 6pm, this includes meal support, supporting patient pre and post meals and liaising with medical, nursing and dietetic staff on the ward. The service also provides intensive community meal support (1 meal a day, 5 days a week) with the aim of preventing admission or supporting patients on discharge from hospital.

Data shows a substantial decrease in medical admissions from 16 in 2017 to 3 in 2021, a decrease in mental health admissions from 8 to 0 and Tier 4 admissions from 8 to 3 for the same time period.

It is proposed that HCSW input is available for all Health Boards to support eating disorder community services for adults in order to avoid hospital admission where this is appropriate.

Support for strengthening of Community Provision

In-reach/Out-reach Model:

North Wales: Early Intervention and Treatment at Tier 2 and the development of a MEED (Medical Emergencies in Eating Disorders) team (MEED: Medical Emergencies in Eating Disorders: Guidance on recognition and management (CR233), Royal College of Psychiatrists, 2022; replaced MARSIPAN and Junior MARSIPAN, 2014)**.**

In North Wales, significant investment agreed by Welsh Government (WG) aimed to address the substantial deficits in existing Adult Eating Disorder (ED) service provision in BCUHB. Historically, the Specialist Tier 3 service offered direct interventions to moderate to severe and /or complex ED cases only. The focus for expansion therefore, involves enabling more people with eating disorders to access a specialist ED

service, driven by the principles of early detection, intervention and treatment that predict better outcomes and reduce mortality associated with ED as highlighted in the Review of Eating Disorders Services in Wales (2018). It is also expected these developments will meet the six underlying principles as highlighted in the ED Report (2018) of early detection and intervention, inclusivity, person centred approach, relationship based, recovery focused, trauma informed.

The EDS expansion project became known as "Early Intervention and Treatment at Tier 2 and the development of a MEED team". The first key aspect involves a specific focus of working towards early intervention, and treatment at Tier 2 (community, mental health teams) through extensive recruitment of a multidisciplinary ED workforce. This began with recruiting a number of core staff. All additional staff have or are being trained in delivering NICE (2017) compliant ED interventions.

Earlier intervention and treatment at Tier 2 was the initial goal, but has also progressed into Tier 1 (Primary Care) in many regions in North Wales, and a number of patients have benefited from the new service to date.

A second key aspect of the project is the development of a multidisciplinary, specialist MEED team to facilitate and support ED inpatient, admissions-medical or psychiatric-when needed.

An informal arrangement has been in existence for many years whereby ED patients who required an admission and a SEDU (Specialist Eating Disorders Unit) is inappropriate or unavailable, are admitted and treated in a local psychiatric unit. The rationale for this is based on many of the staff having experience of treating patients and being local to the Medical Lead for the EDS. The development of the MEED team and pathway formalises this arrangement.

The MEED Team also aims to address the significant increase in acuity in ED patients seen in recent years and subsequent demand for admissions to costly Specialist Eating Disorder Units (SEDU), which do not always have positive outcomes in the long term. SEDU admissions will always be required, but in some cases the MEED Team is a preferable option; being closer to home and mitigating the potential iatrogenic aspects of SEDU admissions. At the same time, the MEED Team aims to retain the positive and helpful aspects of a SEDU such as provision of 1:1 supervision and support through mealtimes and other key times, and providing access to ED dietitians and acute hospital dietitians, occupational therapy, psychology and support workers.

Disordered Eating:

To date both CAMHS and Adult Eating Disorder Services have seen a substantial increase in the number of patients presenting with disordered eating, and not specifically an eating disorder. There has also been a significant increase in the complexity of these presentations and high risk (e.g. low BMI's). In Adult services this is often within the context of an Emotionally Unstable Personality Disorder (EUPD), and needs to be treated accordingly, i.e. the eating difficulties are seen as part of the wider EUPD context and therefore is not the sole focus of the treatment. If the eating difficulties *are* focused on and treated as an eating disorder, they are likely to worsen.

Disordered eating cases are presenting in various different services including but not limited to community dietetics, Perinatal, Primary and Secondary care, and also into tertiary level services.

In North Wales the Tier 3 Adult Eating Disorder Service is working collaboratively with local services such as community dietetics to develop a protocol for adults who present with disordered eating. This is likely to include:

- Guidance on what clinical presentations to expect
- A brief overview of EUPD if appropriate and guidance on language to use Structured Clinical Management, Bateman and Dialectical Behaviour Therapy).
- A guide on the number of sessions to be offered and by whom e.g. 2 sessions from a community dietitian.

Key Projects

1. To conduct a feasibility study to consider an Eating Disorders Unit for Wales for both in-patient and Day Service Provision across all ages

Initial scoping exercise to establish appetite for an eating disorders unit in Wales. Full options appraisal to be delivered in order to scope feasible options for future specialist eating disorder services in Wales and to consider the feasibility of both inpatient and day service provision.

The Eating Disorders review conducted in 2018 recommended a detailed comprehensive review of inpatient provision for eating disorders to be conducted by 2023. It is suggested that this builds upon the demand and capacity work conducted and is built into this feasibility study.

2. Developing our Eating Disorders workforce

Development of MDTs and strengthening of skills specific to eating disorders to ensure skill mix and capability is available for service provision.

3. Expansion of Paediatric Support for inpatients in Welsh NHS Units

Paediatric input to be available for all Health Boards to support community services and avoid CAMHS admissions for eating disorder patients where this is appropriate.

4. Support the strengthening of Community provision

a) In-reach/Out-reach Model
MEED model to be monitored to establish whether this service could be rolled out across Wales in order to support admission avoidance where possible into tertiary level services and collaborative working across health boards to develop and provide a cohesive eating disorders service across Wales, including the provision for joint collaborative bidding for funding where appropriate.

b) National Eating Disorders Team
To develop and strengthen the National Eating Disorders Team to deliver services to support admission avoidance and facilitate timely discharge.

5. To revise "Specialised Services Policy: Tertiary Level Specialised Eating Disorder Services" in line with this strategy.

3.4 Perinatal Mental Health

Background

This section of the strategy aims to consider the development of tertiary services for Perinatal Mental Health to meet the population need and includes the recommendations of a review conducted in 2022 of the Mother and Baby unit (MBU) hosted by Swansea Bay University Health Board, and consideration of options for North Wales residents.

Current Situation

The Mother and Baby Unit (MBU) is a 6 Bed Inpatient Unit situation at Tonna Hospital, Neath, South Wales. The unit is hosted by Swansea Bay University Health Board. Uned Gobaith became clinically operationally on 19th April 2021.

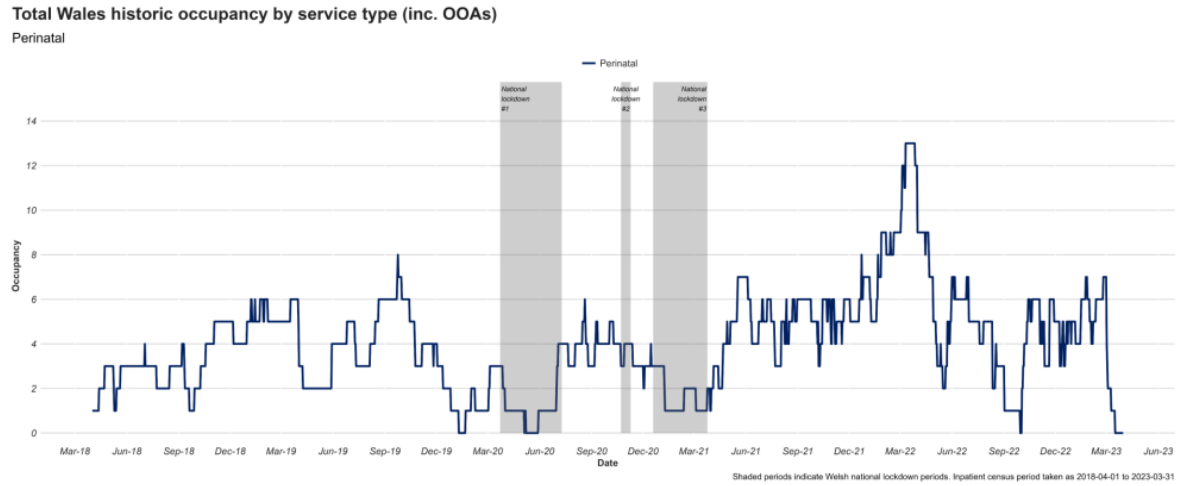
Uned Gobaith MBU Provides Specialist assessment, care & treatment (within the Mental Health Measure (Wales) Part 2 Framework) to Mothers of all ages experiencing severe mental illness from 32 weeks antenatal to 1 year post-partum. Currently, mothers are admitted to the unit with their infant (up to 1 year old). Patients from the whole of NHS Wales are able to access the unit however, in order to access the benefits of care to closer to home, North Wales patients generally access perinatal services in NHS England through the Individual Patient Funding Request (IPFR) process.

The service is able to provide care to individuals detained under the Mental Health Act and individuals with 'informal' status.

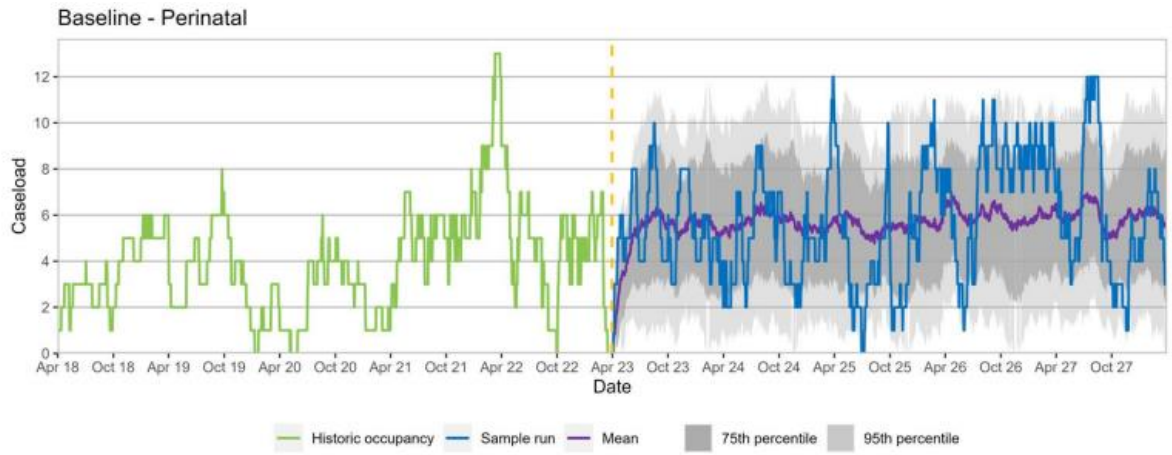
Extensive stakeholder and service user consultation was undertaken in the planning and design of the service, with detailed options appraisal focussing on location, accessibility, clinical priorities, and ability to meet accepted Royal College of Psychiatry Standards for Mother and Baby Inpatient Units. The Unit was designed to provide an interim unit, whilst further options appraisal & site identification was undertaken by WHSSC, Welsh Government & Swansea Bay University Health Board.

Demand and Capacity

Historic Occupancy – Perinatal Mental Health

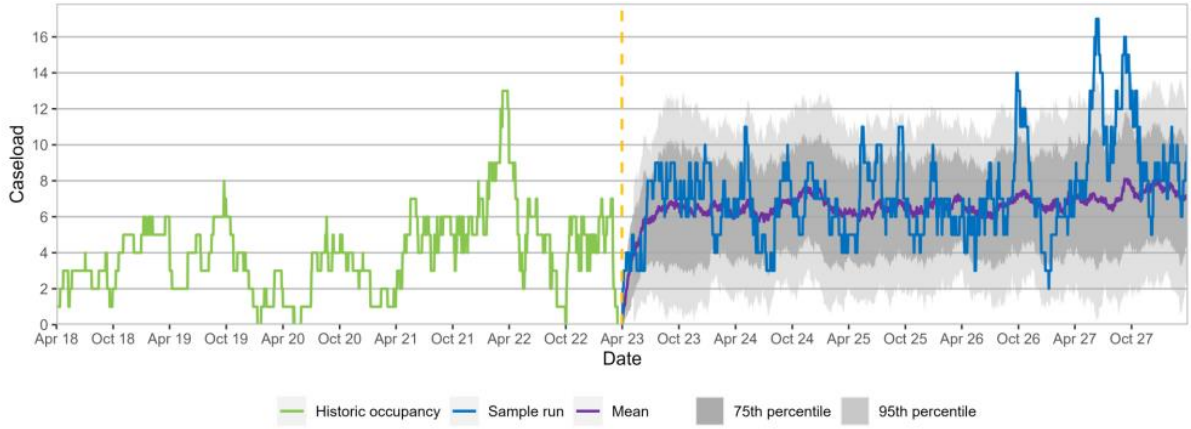


Tonna Hospital, in Swansea Bay provides the only NHS Wales direct perinatal services. There has been a small increasing trend in use overall, but numbers are very volatile.



For perinatal beds, the numbers are small and very volatile. Mean forecast demand is around 6 beds, equivalent to planned provision, but access could be required to as many as 11 beds to ensure a turnaway risk of 2%.

Perinatal Forecasted Occupancy – Levelled to average use



Since the opening of the MBU in Tonna in April 2021, the unit has been consistently at capacity and for the most part has resulted in very few out of area placements.

Data to inform provision for North Wales' patients demonstrates a need for 2 beds for this population at any one time.

Future Model

In order to ensure ongoing MBU provision for our patients, a review of the MBU at Tonna Hospital took place in 2022. The following recommendations were made by the review to take forward into this strategy:

- It is recommended that the MBU facility remain on the Tonna site until a review of estates provision has been conducted

- It is recommended that a further options appraisal takes place to consider the future location of the service to incorporate more family facilities in line with the Estates review due to take place within Swansea Bay University Health Board
- It is recommended that staffing structures and training requirements are reviewed in line with service developments.

Partnership working has been undertaken with Cheshire and Wirral Partnership Trust and NHS England to ensure a 2-bed provision for our North Wales patients. Capital approval has been received from NHS England for a unit to be based on the Countess of Chester Health Park and will consist of 6 beds in total, 2 of which will be secured for Welsh patients.

The Trust have committed to proving literature & signage in dual language and will try to recruit some Welsh speaking staff if this is feasible. The BCUHB Perinatal Team are fully engaged in the process and have indicated their support for location following discussions with service users.

At the time of writing the following timescales have been set:

- Enabling works commenced on 25th October 2023
- Main contracted works are commencing in January 2024
- Completion and operational start of clinical services is scheduled for October 2024.

Key Projects

1. **To implement the recommendations of the 12 month review of the MBU at Tonna Hospital including consideration of the Tonna site in line with the Swansea Bay University Health Board Estates Review.**

2. **To work in partnership with NHS England to secure 2 beds for Welsh patients in the new unit within Cheshire and Wirral Partnership Trust.**

3.5 Neuropsychiatry

Background

In order to provide a focus on the requirements of Neuropsychiatry services across Wales, the strategy considers the development of services for Acquired Brian Injury to meet the population need.

To develop this section of the strategy, a workstream was set up to specifically consider Specialist Neuropsychiatry service requirements for the population of Wales to be commissioned by Welsh Health Specialised Services Committee (WHSSC).

The Neuropsychiatry workstream was chaired by the Directorate Manager, MHSOP at Cardiff and Vale University Health Board, with membership from a range of clinical and service representatives, as well as representatives from WHSSC. These professionals came from a range of health boards and statutory organisations to provide a full and unified discussion forum.

Current Situation

The Welsh Neuropsychiatry Service is a specialist tertiary service for individuals who have suffered a serious acquired brain injury presenting with neuropsychiatric sequelae and neurobehavioral presentations and who require neuropsychiatric management and neuro-rehabilitation.

Patients seen in this service represent the most complex in behavioural, emotional and psychiatric need and require expert clinician in the field of neuropsychiatry. A full complement of specialist skilled and knowledgeable staff would include Medical, Nursing, Psychology, Speech and Language Therapy, Physiotherapy and Occupational Therapy providing assessment, neuropsychiatric interventions, management and rehabilitation.

Referrals are accepted from across Wales for inpatient care. For Day Services referrals are mainly received from South and Mid Wales.

The Service is based at Hafan y Coed, University Hospital Llandough and has:

- An inpatient ward of 10 Inpatient beds.
- A Day Service operating from the same site offering day attendance for assessment and rehabilitation.
- Community based rehabilitation and support in a patient's home locality.
- Consultant and Psychology outpatient appointments are offered in Cardiff. Consultant Psychiatry clinics also operate at Haverfordwest quarterly, and as needed in Llandrindod Wells.

There is currently no provision in North Wales. When referrals have been received from North Wales, Llandrindod Wells CMHT have provided a clinic facility for the Service on an ad hoc basis. For logistic reasons, from the patient perspective and the staffing capacity within this service, referral rates are low from North Wales but Consultant to Consultant advice has been a component of collaborative working between North Wales and this service.

For admission into the Inpatient Service, patients are received from across Wales. The criteria for admission is linked to the Patient Categorisation Tool (PCAT) and requirement for a highly specialised service able to support patients with severe neuro-behavioural presentations. The pathway for admission is invariably through UHW, Major Trauma Network, Neurosurgery ward, Rookwood Unit (UHL) and Neath and Port Talbot Neurorehabilitation Units and other DGHs.

For patients requiring assessment for inpatient admission, the distribution across Health Boards, excluding Betsi Cadwaladr, is equitable. For North Wales, families have understandably favoured admission to more local units such as Liverpool and the Midlands where there is a greater ease of access for them to visit.

The service should work with providers in North Wales to ensure that any service model changes in both Health Boards are equitable and do not adversely affect patient care. Collaboration and connection with neuropsychiatry developments in North Wales would be a priority to ensure a good interface with all relevant services across the Welsh network.

Demand and Capacity

Audit data over past years indicates the service has consistently received around 150 referrals per year for neuropsychiatric opinion. Referrals are for:

- Inpatient assessment
- Day Unit assessment leading to individual interventions and group rehabilitation programmes.
- Out Patient Neuropsychiatric opinion and management advice

		Actual Referrals by Financial Year			Referrals per 100,000 population		
Referrals from (Health Board)	Population (ONS mid 2019)aged 18+	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Cardiff & Vale	397,948	49	71	52	12	18	13
Aneurin Bevan	470,481	43	42	32	9	9	7
Abertawe Bro Morgannwg/ Swansea Bay	315,259	7	20	21	2	6	7
Cwm Taf	356,309	22	15	30	6	4	8

Hywel Dda	313,704	10	15	10	3	5	3
Powys	108,508	6	6	6	6	6	6
Betsi Cadwaladr	560,731	1	1	0	0	0	-
TOTAL	**2,522,940**	**138**	**170**	**151**	**39**	**48**	**44**

Patients are complex with Patient Categorisation Tool (PCAT) scores > 30 even on discharge. This can lead to discharge planning delays because finding appropriate specialist placements in patients' local areas to meet their ongoing complex needs is challenging with few providers having the necessary skills and knowledge. Earlier working with Health Board teams and staff within specialist placements should reduce some of the discharge delays, and reduce the need for unnecessary re-admissions.

Given the enduring nature of patient complexity, the service provides post discharge follow up and support to ensure sustainability of the place of discharge. The requirement to conduct follow up/home visits by the appropriate discipline of staff and to provide training to support staff in the discharge setting is an additional pressure which cannot be robustly met within the current establishments.

Impact of Covid 19

The brain injury charity Headway (Tyerman, July 2020) has conducted a study into "*The impact of COVID-19 and the associated lockdown on people who are affected by brain injury*". The Headway survey, on over 1000 Aquired Brain Injury (ABI) survivors, indicated that 65% of their ABI respondents reported feeling isolated as a result of lockdown and 60% reported that it had a negative impact on their mental health (including 64% reporting an increase in anxiety and 53% a worsening of depression).

This finding is replicated among neuropsychiatry service users with service users demonstrating an increase in psychiatric symptomology, requiring urgent review and re-referral of patients previously discharged now returning for access via part three of the Mental Health Measure (which gives all adults who are discharged from secondary mental health services the right to refer themselves back to those services), for further intervention.

Future Model

Neuropsychiatry is a specialism that spans both Neurology and Psychiatry and after discharge from Neuropsychiatry and back to their local areas, patients continue to present with lifelong psychiatric difficulties. Local teams are not sufficiently acquainted with psychiatric presentations after

ABI and supporting local Mental Health Services is paramount, through case by case liaison and ongoing training.

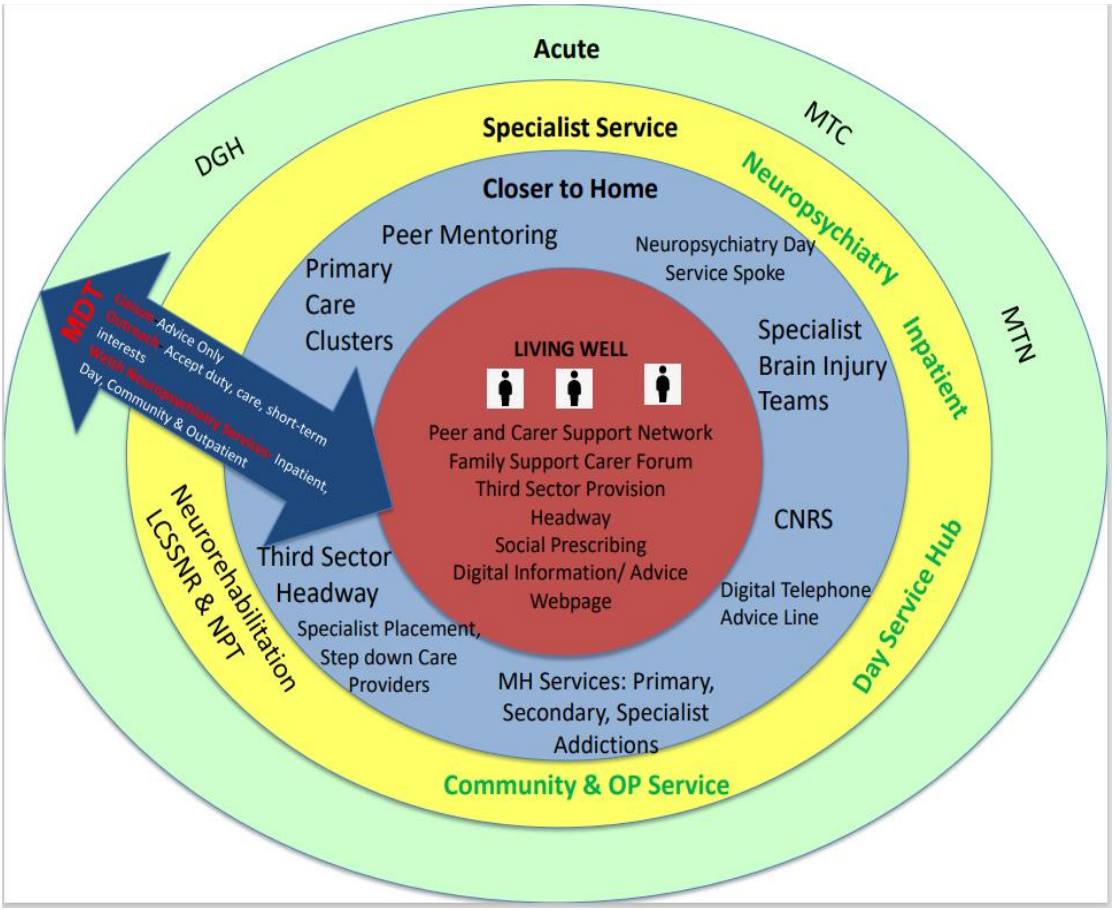
Inequity of access may occur if no bed were immediately available when required as inpatients can typically require lengthy stays and discharge planning can be complex.

With an enhanced multi professional team the service would be able to increase the current in-reach and outreach activity to support services at the front end of the pathway (UHW, Rookwood Unit (UHL) and Neath and Port Talbot etc.). Patients will then be referred from the community in a more efficient and effective way, working closely with teams, reducing admissions and supporting patient management when no bed is immediately available. This enhanced service provision will become a flexible Liaison Service responding to other services' pressures.

It is anticipated that an additional Consultant will ensure the delivery of outreach clinics in other Health Boards, but this will have a corresponding effect on the rest of the Welsh Neuropsychiatry Service demand.

In line with Welsh Government Standards, patients will often require input closer to their home from specialist therapy, psychology or specialist nurses as an alternative to medical outpatient clinics.

By developing the MDT Liaison model as phase two of the Welsh Neuropsychiatry Business case, the service will naturally expand to provide support and training across Wales and within UHB Neuro rehabilitation services, which in turn will inevitably increase demand and generate increased referrals into the service.



Key Projects

1. **To address the sustainability of the Welsh Neuropsychiatry Service**

By enhancing staffing establishment in line with BSRM standards and investing further in specialist staff to develop and deliver a liaison model of working.

Upskilling of non-specialist staff in assessment and management and education/support to staff and family members.

Development and roll out of specific neuropsychiatry training programs for clinical teams in order to build on and improve knowledge and skills further.

2. **To ensure the Welsh Neuropsychiatry Service reaches across the whole of Wales**

Though the development of a liaison model to ensure the service provision in North Wales receives the expertise of the Welsh Neuropsychiatry

Services whilst still retaining the ability to provide care close to home for its population.

To develop a liaison model that ensures quality of care, prevention and co-ordination and crisis management services.

3. Improve the flow of patients across the whole patient pathway

Facilitating the movement of patients into and out of the service as their treatment progresses with step down to local area services including a flexible working model.

Providing more consistent and intensive rehabilitation, increasing multidisciplinary input into discharge planning and supporting ongoing rehabilitation at discharge destination in order to reduce patient length of stay.

Support joint and partnership working to enable multi-organisational processes.

Support patients to step down to local facilities; working earlier with care providers to develop intervention and care plans with patients and their families, to support discharge from hospital.

Identify opportunities to develop a tiered model of care and /or further step down placement opportunities closer to patient's homes.

Develop support pathways and networks with the UHB neurorehabilitation team and other health board teams, to provide joined up care and support plans around the needs of patients and their families across Wales

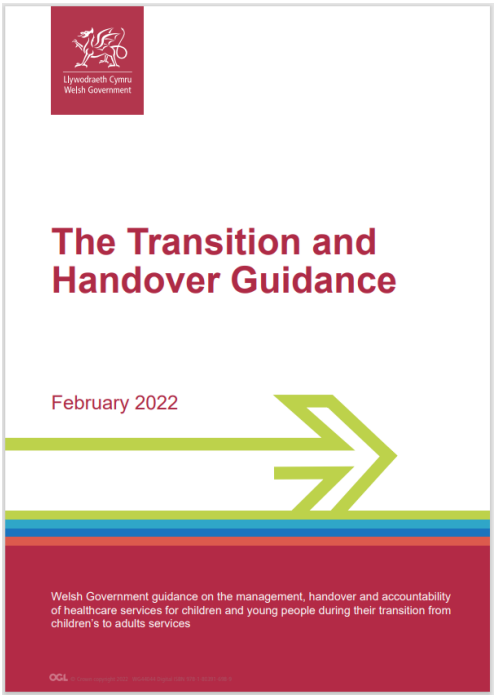
4. Raise awareness and understanding in local areas of the enduring impact of an acquired brain injury on mental health

To work collaboratively with local mental health teams, neurology and neuro-rehabilitation networks.

PART 4: TRANSITION

4.1 Age Transition

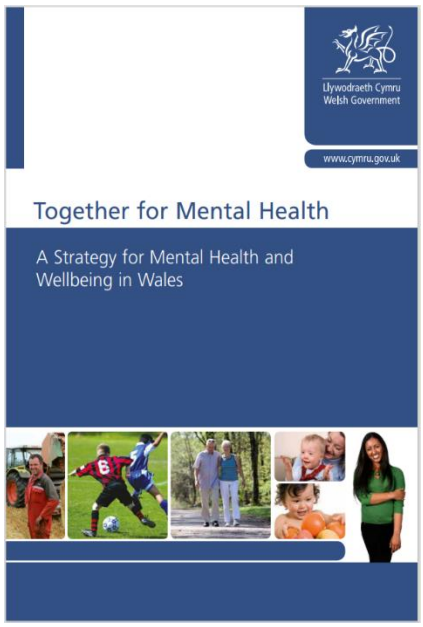
Welsh Government's document "The Transition and Handover Guidance" published in February 2022 highlights the handover of care and accountability from children's to adult's services for children and young people between the ages of 16 and 25 as a key priority.



The overall aim of the document is "To provide a safe and effective transition and handover from children's services to adult's services for all children and young people requiring on-going care and support from health services".

The document outlines the planning for transition should start at age 13-14 years, although does state that this may start later for children in child and adolescent mental health services as in NHS Wales, Mental Health services transition age is 18 years.

For young people entering services at aged 16-17 years, the document states that a clear pathway should be in place for transition and that children and adult teams should work together to achieve continuity and the most effective service for the child or young person.



Together for Mental Health (2012) is the Welsh Government's 10 year strategy for mental health services across all age groups and aims to improve mental health services and outcomes.

It states that transfer between services should be based on need and not on artificial age boundaries, however key discussions through the development of this strategy have highlighted a focus on transition at the age of 18 for specialised services provision. This is attributed to the different skills required for CAMHS (Child and Adolescent Mental Health Services) and adult mental health services and

also the mix of having adult patients over the age of 18 mixed with young people for this vulnerable cohort of patients.

Together for Mental Health is currently being revised to consider the strategic focus for the upcoming 10 years.

As part of this work, the Welsh Government has developed a number of Vision Statements as outlined earlier in this strategy. Pertinent to this section is their intention to consider the removal of no longer purposeful or meaningful age-based service definitions where working age ends at 65 and childhood ends at 18. This work will be taken into consideration throughout the tenure of this strategy and the strategy will be revised accordingly.

In the Making Sense report 2016, young people who had used Specialist CAMHS (sCAMHS) reported that they were 'deeply concerned about the transition point' to Adult Mental Health Services. 38% of sCAMHS users said flexibility over the age young people move to adult mental health services was the most important way to improve the transition. The need to reorganise the transition to adult mental health services was highlighted as a key priority area for improvement.

Following this the Welsh Government T4CYP developed in consultation with young people and professionals the following:

- Good Transition Guidance: A seamless transition from child and adolescent to adult mental health services.
- Young Persons Transition Passport which comes from a strengths based perspective. It is owned by the young person and intended to be dynamic, evolving with them as they grow and their needs and aspirations change.

This strategy has been developed through a number of key workstreams which all discussed the issues surrounding the transition for young people from CAMHS to adult services and the importance of these pathways. In particular, the "Patient Passport" was highlighted as, not only an effective tool for referral into different levels of services as outlined elsewhere in this document, but also to ensure the best transition from CAMHS to adult services.

The secure services workstreams also highlighted the transition between adult and older adult services, particularly for those patients requiring dementia care. It was agreed that the "Patient Passport" would also be a very useful tool for this cohort of patients.

Service Level Transition

The workstream discussions also highlighted difficulties and barriers to patients transitioning between different levels of service in Mental Health. These discussions covered a variety of areas where there were issues including:

- Transitions between different levels of secure care, particularly between low and medium secure services.
- Transitions between service levels should also be explored for CAMHS Services, with consideration given to transition workers or outreach services to act as an intermediate care service linking inpatient and community services.
- The development of a seamless secure care provision would improve the patient pathway and minimise the barriers to accessing appropriate levels of service.
- Timely transition of patients with a learning disability to the appropriate environment that meets their assessed needs.

Summary

Conclusions drawn in the developmental stages of this strategy indicated an appetite to eradicate labelling of patients into categories and to focus more on the needs of the patient.

In addition, the development of electronic records to include a "patient passport" were also felt to be of significant value to the services and the patient journey through the pathways.

The following will be implemented as part of this strategy to support areas of transition:

Transition
The development of a patient passport to improve transitions from CAMHS to Adult and Adult to older people's services, and also between levels of service and sub-specialties.
Transitions between service levels should also be explored for CAMHS Services, with consideration given to transition workers or outreach services to act as an intermediate care service linking inpatient and community services.
Ensure pathways consider the timely transition of patients with a learning disability to the appropriate environment that meets their assessed needs and prioritising transition planning of patients with a learning disability who have a length of stay over five years.

PART 5: CROSS-CUTTING SUPPORT

5.1 Workforce

The development of this strategy has highlighted the need for further strengthening to the mental health workforce across all aspects of the service. Particularly for specialised services, the development of multi-disciplinary teams and roles has been at the forefront of discussions.

Following the Covid-19 pandemic, NHS Wales has seen considerable strains on their workforce and this has resulted in burnout and fatigue amongst staff. Solutions must be sought to ensure staff well-being and development and to consider alternatives to traditional roles where this is appropriate.

In addition to these recent challenges, our specialised mental health services are being delivered using resources identified a number of years ago. This workforce model requires development and consideration in line with the key priorities set out in the Health Education Improvement Wales (HEIW) workforce plan and the ongoing discussions instigated by the development of this strategy.

HEIW have developed a mental health workforce plan published in October 2022. This plan sets out the intentions of NHS Wales to develop and support the mental health workforce over the coming years and considers a number of key priorities:

- Workforce supply and shape
- An engaged, motivated and healthy workforce
- Attraction and recruitment
- Seamless workforce models
- Building a digitally ready workforce
- Excellent education and learning
- Leadership and succession

This strategy aims to work alongside HEIW to support the achievement of these priorities and associated actions and further strengthen the workforce through its implementation by developing and supporting the

workforce, using resources differently and effectively and supporting our workforce and their well-being.

Some of the key discussions through the strategy development have focussed on the need to review the traditional workforce models which are in place. This has focussed on consideration of alternate roles and multi-disciplinary teams, links to other specialties to ensure whole system approaches, development of multi-professional teams to include social care roles as an integral part of the health and care system and encouraging the evolution of professionals from other disciplines with a special interest in mental health.

These can be seen below:

KEY WORKFORCE REQUIREMENTS	
CAMHS	To consider staffing models at both units to meet the needs of the service specification.
Eating Disorders	To ensure sufficient training and development opportunities and links to the HEIW MH Workforce Plan to develop staff to enable the development of Specialised Eating Disorder Services in Wales. Development of multi-disciplinary teams (MDTs) to support patients with eating disorders, particularly Paediatric support, and HCSW roles.
Learning Disabilities	Development of workforce in mainstream secure services to ensure the needs of patients with a learning disability and those with Neuro-developmental needs are met. Development of workforce to ensure a blended model of care can be delivered.
Secure Services	To undertake a staffing modernisation programme for the two NHS Wales medium secure units. To consider the workforce skill mix to adapt to the increasing acuity of patients in medium secure services, including an increase in those who have experienced significant trauma. To ensure staff are supported and offered regular supervision and dedicated emotional support. To ensure that the blended models of care and commissioning of low secure services takes into account appropriate training, staff numbers and skill mix.
Perinatal Mental Health	Further development of the Mother and Baby Unit (MBU) in South Wales should ensure the well-being and development of the workforce.

	Consideration of the North Wales MBU provision should ensure adequate staffing to meet the requirements of NHS Wales.
Neuropsychiatry	By enhancing staffing establishment in line with British Society of Rehabilitation Medicine (BSRM) standards and investing further in specialist staff to develop and deliver a 'liaison model' of working. Upskilling of non-specialist staff in assessment and management and education/support to staff and family members. Development and roll out of specific neuropsychiatry training programs for clinical teams in order to build on and improve knowledge and skills further.

5.2 Finance and Information

Financial Strategy

The level of ambition set out in the strategy is significant given the baseline review undertaken. In order to help deliver the overall strategic direction there is a need for a clear financial strategy to help fund the improvements in both capacity and quality that are required. This section sets out the key areas of the financial strategy that will be used to target both funding releases and improved value for money:

- **CAMHS (including under 18 eating disorders)**
  - Whilst the overall number of inpatient beds appears to be in line with demand opportunities have been identified to reduce length of stay
  - The quality of inpatient services in terms of therapies recently implemented in both Welsh units provide an opportunity to reduce cost by reducing the use of higher acuity beds outside of Wales or shortening their use by closer integration with local tiers of service
  - Increasing the bed utilisation within the Welsh NHS units provides an opportunity for reducing system wide costs by more timely intervention and getting the right care to patients earlier in the pathway
  - Environmental improvements can assist the NHS units to manage higher acuity cases more safely and with a better balance of relational security
- **Adult Eating Disorder**
  - There is currently an excess cost in the system resulting from a peak in the number of patients needing eating disorder inpatient

care compounded by acuity levels on admission, communication lines with tier 3 and excess lengths of stay
    - The financial strategy to reduce cost and improve quality and outcomes is to develop inpatient capacity locally within Wales to improve joint working with tier 3 (now secured with the independent sector) followed by the potential longer term development of an NHS inpatient service within Wales
    - This will enable closer joint working with tier 3 and ensure that available capacity can be deployed more effectively and on a more timely basis and length of stay and hence patient numbers decrease back to a more sustainable level
    - This will need to be done in close collaboration with health board tiers of services to ensure patients are in a better condition on admission to be able to benefit from inpatient care and enable improved management of risk across the system
    - The unit costs of external inpatient units largely in the independent sector are high and costs may be more controllable in the long term by the development of a local NHS service
    - There are opportunities to develop more flexible models of care in partnership with the independent sector
- **Low Secure Services**
    - There is currently an excess dependence on the use of low secure provision from outside of the NHS and outside of Wales with in Wales provision being the exception
    - The lack of local provision results in inefficiency from reduced opportunities for timely care planning at both the admission and discharge end of the pathway
    - Changing the balance of care between outside of Wales and in Wales and between the independent sector and the NHS will be challenging in the context of the scale of the demand gap and the acute shortage of NHS capital funding for local development. A staged approach is likely to be required to secure more local independent provision to improve flow through the care pathway
    - There is an opportunity to develop a more comprehensive understanding of patient need currently in low secure to optimise the planned use of supported accommodation to provide both improved long term outcomes and reducing overall length of stay in the secure setting
    - Development of a better mix of local services will also allow for more blended models of care to be developed that may be able to deliver services more suited to the needs of certain sub groups of low secure patients – such a women and learning difficulties
    - Provision of increased local services will also improve the ability of the system to develop a better understanding of quality and

outcomes which it is hoped can translate through into financial efficiency

- **Medium Secure Services**
  - The balance of NHS in Wales provision with the independent sector and use of English capacity is better in medium secure but still has significant gaps particularly in the sub groups of women and learning difficulties
  - Improvements in local capacity will provide an opportunity to rebalance the system so that timing of admission and discharge is better planned. Whilst the admission process and demand for admission is largely driven by the judicial process there are opportunities for more timely transition through the levels of security through low secure and into supported accommodation or community care
  - Reviews have indicated strongly that the number of patients in Welsh medium secure units are higher than the care need requires. This is partly influenced by the structural lack of low secure capacity available locally but also on attitudes to risk management across the wider system. Putting a value on this opportunity is difficult given the immediate lack of the correct capacity but could be reasonably estimated to be at least 25% across the 2 Welsh inpatient units and probably significantly higher
  - The utilisation and delivery of inpatient medium secure across the 2 Welsh NHS units is significantly not optimal – a snapshot of empty beds during recent years would indicate a potential financial value lost of circa £5m – which could go a significant way to helping to address the strategic service gaps identified in the demand and capacity report
  - Combined with the issue of the mix of patients there is an opportunity to improve length of stay and a financial opportunity to improve financial efficiency by paying for what is being delivered or at the least improving actual utilisation
  - Changing the utilisation of medium secure capacity also brings an opportunity for developing blended models of care particularly across women and learning difficulties
  - The current unit price in the Welsh units derived from actual activity data results in excess unit costs in comparison to external NHS providers and the independent sector. There is a financial opportunity at the least to reduce unit costs by improved utilisation, a move away from block contracting and an admissions policy that takes an appropriately higher acuity mix of patients
- **Whole System Management**

- The delivery process for the specialised mental health services strategy brings with it a further opportunity to work across the system to measure and monitor overall system flow and capacity to inform system improvement and efficiency improvements
- Collection and transparency of the right system data will help inform both system flow but also pinch points and improve accountability

- **Financial Strategy Summary**
  - The financial strategy is to develop ways of unlocking the significant opportunities for reducing cost and/or improving efficiency and value for money across specialised mental health services working across the whole pathway
  - The opportunities arise from:
    - **CAMHS** – improved length of stay, reduction in out of area admissions, improved case-mix and system management
    - **Adult Eating Disorders** – improved liaison with local inpatient units, reducing overall length of stay and patient numbers, reducing and controlling unit costs, improving outcomes from improved risk management and earlier intervention and patient conditioning, eventually development of a local NHS service with further integration of services
    - **Low Secure Services** – increased liaison from more local provision, reducing length of stay overall, increasing opportunities for step down into supported accommodation to decrease cost and improve long term outcomes, reducing unit costs in the long term from greater mix of NHS services, development of blended models of care more matched to patient need
    - **Medium secure** – improved utilisation of NHS units, improved flow to low secure and supported accommodation to reduce current total demand in medium secure, development of blended models of care across medium and low secure, changing the contractual structure to reduce actual unit costs, provide right care location first time to reduce overall length of stay, improve unit costs from greater use of NHS capacity (subject to contract changes)
    - **System-wide Pathway** – improved data collection to measure system performance across pathways and identify opportunities of improving efficiency, value for money, cost improvement and accountability for performance

Some of the key capital investment considerations will be scoped in year 1 of this strategy (2024-25), with a view to providing the information

required to conduct option appraisals and inform a way forward for NHS Wales' provision of these services.

Some of the key investment requirements are outlined in the table below:

KEY INVESTMENT REQUIREMENTS	
Commissioning	Consideration of commissioning pathways to allow all secure services to be commissioned by a single organisation.
Electronic Records	To develop and implement an electronic records system for mental health services in Wales to include minimum data and a "Patient Passport".
CAMHS	To scope capital investment requirements for North Wales Adolescence Service (NWAS) site development or preferred option to re-site unit to meet the needs of the service specification. To scope capital investment requirements to develop Ty Llidiard site to meet the needs of the service specification. To consider collaborative bidding to allow joint funding for key services such as paediatric input into CAMHS Eating Disorders services.
Eating Disorders	To scope capital investment to ensure the feasibility of an eating disorders unit for Wales.
Secure Services	To consider the requirements of the secure services estate in Wales through the development and expansion of the two sites to improve current facilities and consider requirement for learning disability patients and women's services. To ensure a flexible estate to meet demand, and increased seclusion facilities to better care for those patients requiring additional care and support. Consideration should also be given to the Caswell site as the service is currently run by Swansea Bay University Health Board, but utilises Cwm Taff Morgannwg University Health Board site which can cause barriers and difficulties to developing the estate to meet service need.
Perinatal Mental Health	Capital investment has been secured by NHS England for the development of services for our North Wales patients and this project is progressing.

Neuropsychiatry	Service development to date has been funded via the WHSSC CIAG process for Phase 1 of the Neuropsychiatry model. The work outlined in this strategy has been submitted as phases 2a and 2b of this ongoing work.

In addition to the capital investment, the development and strengthening of the NHS Wales workforce for mental health services is crucial to either support any new or repatriated services, or to enhance current provision to avoid admission to tertiary care. These developments are outlined in the workforce section above.

Information

WHSSC are currently developing a Mental Health information dashboard to include data on the number of patients and associated costs of specialised placements. In addition, information and performance management tools have been developed for key service areas.

These developments should contribute towards a more robust information system by which specialised mental health services can be monitored to ensure ongoing service development to meet the needs of our population and assess demand.

The workstreams have also highlighted the need for electronic records and standardised minimum data requirements, and this work is described further in our "Key Themes" section.

Electronic Systems and Records

The lack of standardised electronic records for mental health services in Wales currently provides a barrier to achieving the seamless approach to care. Many records are still in paper format, and where these are electronic, systems are basic and relevant to the single provider. They do not currently link to other areas of the service and this could result in the providers of care not receiving all the information required.

The following project will be developed as part of this strategy:

An electronic records system be developed in partnership with Digital Health and Care Wales (DHCW) and implemented to cover mental health services across NHS Wales.

- This should include minimum data sets for patient records and to aid referrals and transitions between service levels, and a standard electronic pre-admission form for tertiary level services.

- An all-Wales agreement on information sharing across mental health service provision should be in place urgently.
- A single record for inpatient and outpatient activity to be available on the point of admission via a "Patient Passport".
- CAMHS inpatient services in Wales should have a standard referral pathway and unified electronic records to support this.
- Investment in business intelligence is required to ensure ongoing development and improvement to meet changing needs for patients.

5.3 Quality and Governance

Quality

The quality of care and experience that patients and their families receive, is of paramount importance to the commissioning of specialised services.

Central to our approach is to develop open and transparent relationships with our providers, to engage and involve the clinical teams and work in partnership with stakeholders. This requires a facilitative and proactive approach where intervention as early as possible is key in order to provide support to services where issues of concern are identified.

Quality in health care supports a system-wide approach which requires an organisational culture of openness and honesty with continual public engagement in the planning and commissioning of services.

These can be summarised as reflected within the Quality framework:

- Safe - avoid harm.
- Effective - evidence based and appropriate.
- Person-centred - respectful and responsive to individual needs and wishes.
- Timely – at the right time.
- Efficient - avoid waste.
- Equitable – an equal chance of the same outcome regardless of geography, socioeconomic status, etc.

Key enablers:

- Ensuring that the patient is at the centre of the services commissioned. Capturing the patient experience alongside quality indicators is key to inform quality improvements. This involves working collaboratively with patients and service users in line with the Welsh Government framework for Assuring Service User Experiences (2018).
- Work in partnership with providers to agree Service specifications.
- Ensuring that the development of quality indicators that are clinically-led and reflect the specialist nature of the service delivered.

- Develop and support tools /mechanisms for analysis and reporting of Quality Indicators.
- Embed a culture whereby quality is seen as everybody's business across the organisation.
- Reducing duplication and unwarranted variation.

In addition to the expectation set out in the contracting arrangements with providers, the following sources of internal and external intelligence are used to gain a better understanding from a provider and service perspective. The sources of intelligence builds on quality reporting from the providers, gathers assurance from the regulators and provides an emphasis on the reporting back to the Health Boards for the services that WHSSC commission on their behalf.

Specialised Mental Health Reporting Systems

Reporting for specialised mental health services is currently done using the Commissioning Care Assurance and Performance System (CCAPS) via the Quality Assurance Improvement Services (QAIS). Mental health specialised commissioner meetings also take place with NHS England providers.

In addition, our Gatekeeping, Placement and Case Management for Specialised Mental Health Services policy has been reviewed and was published in summer 2022.

The Once for Wales Concerns Management System (OfWCMS) is a new approach to how NHS organisations in Wales consistently report, record, learn and monitor improvements following incidents, complaints, claims and other adverse events that occur in healthcare. By bringing all this vital data together there is an opportunity for a platform that allows shared learning and will help to improve patient safety as well as patient experience. Though in early stages there is potential that data captured from OfWCMS can be used by health organisations as part of their routine management information on quality, identifying areas where improvement work is needed and helping with cultural change. We need to harness the information that is available to us across all aspects of quality management systems to measure the quality and outcomes of care

Good experience of care, treatment and support is an essential part of an excellent health and social care service. This, alongside clinical effectiveness and a culture of safety puts the patient first and gives patient experience the highest priority.

These fundamental principles bring the concept of Prudent Healthcare to the forefront and in line with Welsh Government policy direction. Segmenting the individual elements of this definition gives rise to four components:

1. Identification and implementation of standards.
2. Monitoring, evaluating and reporting of performance against standards.
3. Action in response to monitoring; sharing good practice, disseminating and embedding lessons learnt.
4. Evidencing closure of concerns and continuous improvement.

Patient and public engagement are central to understanding service provision and areas for improvement development and of good and excellent practice.

Some of this can be summarised as follows:

- Understand the patient's expectation of a particular service.
- Put things right if the patient experience was not as expected or planned.
- Understand differences in patient experience between locations and types of treatment.
- Make changes where needed and highlight areas where changes have improved care.
- Monitor the outcomes and benefits of treatment in terms of a person's physical, mental and social wellbeing.
- Inform WHSSC how a service or particular treatment is being provided
- Plan future service provision.
- Understand the delivery of a value based health care approach.
- The patient's role in the decision making about their care.

Indirect methods of evaluating services may include:

- Undertaking visits to hospitals and specialised units where treatments are funded by WHSSC and speaking to the staff and reviewing the environment.
- Internal reporting of actual and potential issues with a particular service.
- Collating compliments and areas of best practice.
- Keeping updated on current media interests in UK wide patient feedback and NHS developments.
- Requesting clinical updates on patients post treatment.
- Maintaining a website that is easy to use and gain access to important information.
- Undertaking regular audits and reviews of services funded by WHSSC including presentations on Quality Improvement initiatives and development of these.
- Monitoring patient feedback from provider services, through Quality indicators and through data collected on the Once for Wales site.
- Utilising 3rd party surveys.

Feedback may be classified into the following types:

1) **Patient outcomes** – What was the patient's (and family) experience of the service and to what extent were their expectations met or not met.
2) **Process data** – Tells us about the way the services WHSSC funds are delivered
3) **Outcome data** –Demonstrates what difference the service has made to the patient and if this was within a prudent model of care.

Outcome Measures
Detailed outcome measures for specific projects to be implemented as part of this strategy will be included as part of the project plan for that area of focus.

Impact data
Changes in health are important milestones in the lives of patients and we should use Patient Reported Outcome Measures (PROMs) to measure them. This can help us assess and meet patient needs and to understand their experience of care, and to improve services

Patient Reported Outcome measures (PROMS) and Patient Experience Measures (PREMS) are frequently used in the NHS to assess the quality of care delivered. Information about a patient's health and quality of life before they receive treatment and about their health and the effectiveness after they have received treatment can be used to measure and improve the quality of care, evaluate the specific outcomes of treatments and inform future decisions about how care is planned and delivered in the future.

PROMs are a means of collecting information on the effectiveness of services, care and treatment delivered to individuals as perceived by the individuals themselves. They measure the impact of clinical interventions such as did patient's physical and/or mental condition improve and if so by how much? PROMs examples are Quality of Life, Measurement of symptoms e.g. pain, functional ability, distress.

Patient Reported Experience Measures **(PREMs)** gather a patients' objective experience after treatment and aim to remove the subjectivity around the experience of care by focusing on specific aspects of the process of care e.g. were you seen on time?

<u>Governance</u>

In order to provide robust governance structures to commissioned services, risk registers and escalation processes are in place. Risk is mitigated and managed or escalated at all levels. In addition, oversight is maintained through coordinating regional responses to specialised commissioning issues and ensuring specialised commissioning fits in with the wider quality and governance systems. We manage escalating issues that cannot be

managed regionally or require wider support by facilitating improvement through:

- Providing responsive support for issues requiring regional and wider response (e.g. independent providers).
- Sharing benchmarking data, learning and best practice both regionally and nationally.
- Reviewing and supporting the mitigation of wider quality risks Specialised Commissioning.
- Retaining accountability.
- Ensuring that national standards are being maintained.

Specific governance considerations relative to this strategy are outlined below:

GOVERNANCE	
CAMHS/FACS	Service specifications to be revised in line with this strategy for CAMHS in-patients and FACS.
Eating Disorders	Appropriate governance arrangements to ensure robust contracting and service provision for any interim, medium or long term solutions.
Learning Disabilities	Commissioning pathway to be considered to ensure appropriate governance for a blended model of care.
Secure Services	Commissioning pathway to be considered to ensure appropriate governance for a blended model of care.
Perinatal Mental Health	Future service developments should take into account governance processes and develop accordingly. Consideration of the North Wales provision takes into account the needs of the Welsh population including the provision of bi-lingual services where possible.
Neuropsychiatry	Through the development of a liaison model to ensure the service provision in North Wales receives the expertise of the Welsh Neuropsychiatry Services whilst still retaining the ability to provide care close to home for its population. To develop a liaison model that ensures quality of care, prevention and co-ordination and crisis management services.

5.4 Estates

Current estates provision for mental health services in Wales are not fit for purpose to provide the appropriate care for our patients. Service need has developed and many elements of the estate do not meet the needs of our patients. Examples of this are the limited number of dedicated seclusion facilities in our medium secure provision, en-suite provision in care settings, and the CAMHS estate, having been developed for a different demographic not suitable for the current demographic of patients.

The following projects will be taken forward within this strategy:

A modernisation agenda for the development of estates to be considered for capital funding in order to achieve optimum service provision, effectiveness of care and efficiency of use of public funds.

- Infrastructure and estates are not robust enough or fit for purpose. Investment in the development of current estates to ensure sufficient capacity and suitable accommodation to include an increase in en-suite and seclusion facilities is necessary to provide the best care for our patients. Seclusion suites should include a separate provision for women.
- CAMHS units to be reviewed to identify areas of development, for example the remote location of NWAS to be considered, and developments to Ty Llidiard to meet the needs of patients.
- Consideration given to the estates implications of the development of services for eating disorder patients.

PART 6: SUMMARY AND STRATEGY IMPLEMENTATION

This strategy aims to take a holistic view of specialised mental health services for Wales and has considered key service areas for future development.

Investment will be needed if the ambition for specialised mental health services to ensure the highest quality care and service provision for our patients, is to be realised. Also our current commissioning and service model will need to be restructured to ensure we can deliver a seamless approach to care. This should be considered alongside the development of the new commissioning arrangements for Wales outlined earlier in this strategy. Opportunities to review current commissioning arrangements are to be considered during the development of the new commissioning organisation to include single commissioner and single provider models where this is appropriate to do so.

A summary of the key projects from this strategy is outlined in the table below.

1. CROSS-CUTTING THEMES		
No.	**Key Project**	**Investment Requirements**
1.1	An electronic records system be developed in partnership with Digital Health and Care Wales (DHCW) and implemented to cover mental health services across NHS Wales.	IT Infrastructure and Resource
1.2	A modernisation agenda for the development of estates to be considered for capital funding in order to achieve optimum service provision, effectiveness of care and efficient use of public funds.	Capital and Resource
1.3	To conduct a review of equality and diversity across specialised mental health services in order to ensure there is no impact on outcomes for these patient groups.	Resource
2. SECURE SERVICES		
No.	**Key Project**	**Investment Requirements**
2.1	High, Medium and Low Secure Mental Health Services to be commissioned by one organisation (WHSSC)	Capital and Resource
2.2	Blended Model for Men in Secure Mental Health Services	Resource

2.3	Blended Model for Women in Secure Mental Health Services	Resource
2.4	Inclusion for patients with a Learning Disability and Neurodevelopmental Conditions in mainstream Secure Mental Health Services	Resource
3. CAMHS/FACS		
No.	**Key Project**	**Investment Requirements**
3.1	To assess and consider the CAMHS NHS Wales inpatient estate	Capital
3.2	To review referral pathways into NHS Wales Tier 4 CAMHS Services	Resource
3.3	To undertake a comprehensive needs assessment for CAMHS Tier 4 services to include unscheduled care provision	Resource
3.4	Stabilisation of the FACS service	Resource
4. EATING DISORDERS FOR ADULTS		
No.	**Key Project**	**Investment Requirements**
4.1	To conduct a feasibility study to consider an Eating Disorders Unit for Wales for both in-patient and Day Service Provision across all ages	Capital and resource
4.2	Developing our Eating Disorders workforce	Resource
4.3	Expansion of Paediatric Support for inpatients in Welsh NHS Units	Resource
4.4	Support the strengthening of Community provision: c) Day Services d) In-reach/Out-reach Model e) National Eating Disorders Team	Resource and Capital
4.5	To revise "Specialised Services Policy: Tertiary Level Specialised Eating Disorder Services" in line with this strategy	None
5. PERINATAL MENTAL HEALTH		
No.	**Key Project**	**Investment Requirements**
5.1	To implement the recommendations of the 12 month review of the MBU at Tonna Hospital including consideration of the Tonna site in line with the Swansea Bay University Health Board Estates Review	Resource and Capital
5.2	To work in partnership with NHS England to secure 2 beds for Welsh patients in the new unit within Cheshire and Wirral Partnership Trust	Resource and Potential Capital
6. NEUROPSYCHIATRY		

No.	Key Project	Investment Requirements
6.1	To address the sustainability of the Welsh Neuropsychiatry Service.	Resource
6.2	To ensure the Welsh Neuropsychiatry Service reaches across the whole of Wales.	Resource
6.3	Improve the flow of patients across the whole patient pathway.	Resource
6.4	Raise awareness and understanding in local areas of the enduring impact of an acquired brain injury on mental health.	Resource

A Strategy Implementation Programme will be developed to ensure alignment to appropriate programme and project management and governance structures.

Business Cases will be developed for key projects within this strategy as part of that implementation programme which will include investment requirements as appropriate.

Glossary

BSRM	British Society of Rehabilitation Medicine
CAEDS	Community Adult Eating Disorder Service
CAMHS	Children adults Mental Health Service
CCAPS	Commissioning Care Assurance and Performance System
CHC	Community Health Council
DTOC	Delayed Transfers of Care
ECA	Extra Care Area
ED	Eating Disorder
EDS	Eating Disorder Service
EUPD	Emotionally Unstable Personality Disorder
FACS	Forensic Adolescent Consultation Service
HCSW	Health Care Support Workers
HDU	High Dependency Unit
HEIW	Health Education and Improvement Wales
HIW	Health Inspectorate Wales
HSE	Health Safety Executive
LD	Learning Disabilities
MDT	Multi-Disciplinary Team
MEED	Medical Emergencies in Eating Disorders
MH	Mental Health
MOU	Memorandum of Understanding
NCCU	National Collaborative Commissioning Unit
NG	Nasogastric (NG) Tube Feeding
NICE	National Institute of Clinical Excellence
NWASU	North Wales Adolescent Service Unit
OfWCMS	The Once for Wales Concerns Management System
PCAT	Patient Categorisation Tool
PREMS	Patient Experience Measures
PROMs	Patient Reported Outcome Measures
QNLD	Quality Network for Learning Disability Services
QSIS	Quality Surveillance Information System
QST	Quality Surveillance Team
SEDU	Specialised Eating Disorders Unit
SUI	Serious Untoward Incident
WHSSC	Welsh Health Specialised Services Committee