Extraordinary Joint Committee Public Meeting

Mon 13 February 2023, 13:00 - 14:00

TEAMS

Agenda

13:00 - 13:05
5 min

1. PRELINARY MATTERS

- 00 Agenda (Eng) Final.pdf (1 pages)

1.1. Welcome, Introductions and Apologies

Oral *Chair*

1.2. Declarations of Interest

Oral *Chair*

13:05 - 13:55
50 min

2. ITEMS FOR CONSIDERATION AND/OR DECISION

2.1. Integrated Commissioning Plan 2023-24

Att. *DOP*

- ICP 2324 JC 13.2.23 v1.pdf (6 pages)
- 2.1 ICP Cover Feb final v1.pdf (7 pages)
- 2.1.1 ICP V38 incl Minimum Data Set.pdf (77 pages)

13:55 - 14:00
5 min

3. CONCLUDING BUSINESS

3.1. Any Other Business

Chair

3.1.1. WHSSC proposed changes to Specialist Fertility Services - Letter from CHC and WHSSC Response

Att. *MD*

- CP37, Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy
- CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy

- 3.1.1a Letter to WHSSC re fertility services 030223 (Final_English) (003).pdf (4 pages)
- 3.1.1.b NHS Wales Guidance on Engagement and Consultation.pdf (18 pages)
- 3.1.1c CHC Response Letter - SL.AT.CHC.pdf (2 pages)

3.1.2. TransVision Cymru - Letter and WHSSC Response

Att. *MD*

- 3.1.2a Letter of concerns for Transgender young people.pdf (8 pages)
- 3.1.2b TransVision Cymru - Response Letter.pdf (2 pages)

3.2. Date of next meeting (scheduled)

Oral *Chair*

14 March 2023 13.30hrs

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

WHSSC Extraordinary Joint Committee Meeting held In Public Monday 13 February 2023 at 13:00 hrs

Microsoft Teams

Agenda

Item	Lead	Paper / Oral	Time
1. Preliminary Matters			
1.1 Welcome, Introductions and Apologies	Chair	Oral	13:00 – 13:05
1.2 Declarations of Interest	Chair	Oral	
2. Items for Consideration and/or Decision			
2.1 Integrated Commissioning Plan for 2023-24	Director of Planning	Att.	13:05 – 13:55
3. Concluding Business			
3.1 Any Other Business –	Chair	Oral	13:55 – 14:00
3.1.1 WHSSC proposed changes to Specialist Fertility Services. • CP37, Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy • CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy Letter from CHC and WHSSC Response **3.1.2** TransVision Cymru – Letter and WHSSC Response	Managing Director	Att.	
3.2 Date of next meeting (Scheduled) - 14 March 2023 at 13:30hrs	Chair	Oral	

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Welsh Health Specialised Services Committee

INTEGRATED COMMISSIONING PLAN 2023-2024

Joint Committee
13th February 2023

CONTENTS

- To support agreement of the WHSSC ICP 2023/24, this pack includes:

- Feedback and advice from Management Group, as requested by JC on 17.1.23 (two Workshops held on 26th January and 2nd February); and,
- Based on these considerations, the final Financial Plan including the handling of the 1% whole pathway value, cost avoidance and demand management savings.

MANAGEMENT GROUP FEEDBACK

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Welsh Health Specialised Services Committee

- **CIAG and Horizon-scanning Prioritisation** – Management Group didn't raise any issues with the risk-assessment and recommendations on these schemes (including a further assessment of deliverability) and there were no changes advised.
- **Strategy Planning Assumptions** – Management Group didn't raise any issues with the assumptions that had been made and understood that savings would be released to be reinvested in the system to recommission services and add value; there were no changes advised.
- **Performance Assumptions** – Management Group were concerned about the potential impact on Paediatric Surgery. It was agreed to handle the non-recurrent adjustment for underperformance as a financial planning assumption rather than a 'hard target', thereby balancing the provider and commissioner risks/opportunities.
- **Contingency** – Management Group were concerned about the low level of funding in the baseline to cover in-year pressures and risks. However it was agreed that this would be presented to JC as a choice in the final agreement of the Plan (see Financial Summary slide).

VALUE, COST AVOIDANCE AND DEMAND MANAGEMENT

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Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Welsh Health Specialised Services Committee

- The opportunities from the areas identified were discussed and it was agreed to present the indicative 1% shared system savings target in addition to the Financial Plan core uplift of 3.11%.
- This will not be applied as a CIP across all commissioning budgets; but will be managed through a set of cross-cutting commissioning schemes that will be worked up and impact-assessed.
- We will develop a programme to support this further planning and recommissioning work across pathways, working closely with Health Boards to firm up the schemes – we will also continue to explore the opportunities of the new Clinical Networks structure with ref to pathway redesign.
- We will continue to use GIRFT recommendations into our continuous programme of evidence-based Policy and Service Specification development and review, and also continue to keep in touch with NHSE about opportunities emerging across the border.

FINAL FINANCIAL SUMMARY

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Welsh Health Specialised Services Committee

WHSSC ICP Financial Summary 2023/24

	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	2023/24 WHSSC Requirement £m	
2022/23 Closing Income	143.575	157.167	130.518	109.913	85.380	31.171	94.639	752.363	
Genomics Alloction Uplift 23/24	0.836	1.125	0.712	0.541	0.602	0.223	0.506	4.545	
2023/24 Opening Income	144.411	158.292	131.230	110.454	85.982	31.394	95.145	756.908	
M7 22/23 - Outturn Forecast	(2.695)	(3.671)	(2.651)	(1.900)	(2.146)	(0.335)	(2.201)	(15.599)	
Reinstate Non Recurrent Writebacks	3.099	3.629	2.600	2.315	2.136	1.034	2.213	17.026	
Adjustments for Non Recurrent Performance	1.963	2.155	1.751	0.751	1.869	(0.187)	2.072	10.374	**2.14%**
Full Year Effect of Prior Approved Commitments	1.078	(0.035)	1.129	0.741	0.630	0.097	0.720	4.359	
B/F 22/23 Underlying Deficit	3.445	2.078	2.829	1.907	2.489	0.609	2.804	16.161	
Unavoidable New Growth & Cost Pressures	1.147	1.130	1.125	0.919	0.621	0.218	0.579	5.740	
Disinvestments & Re-Commissioning	(2.113)	(0.749)	(1.509)	(1.448)	(1.375)	(0.383)	(1.583)	(9.160)	
CIAG & Prioritisation Schemes	0.152	0.050	0.159	0.093	0.077	0.027	0.095	0.652	**-0.32%**
Strategic Specialist Priorities	0.094	0.000	0.077	0.064	0.062	0.011	0.068	0.375	
B/F Deficit, Growth, Savings & Developments	2.724	2.509	2.681	1.536	1.874	0.483	1.962	13.768	**1.82%**
NHS England Provider Inflation - 1.5%	0.293	1.184	0.205	0.200	0.163	0.157	0.175	2.378	**1.29%**
NHS Wales Provider Inflation - 1.5%	1.523	0.950	1.450	1.205	0.964	0.228	1.070	7.391	
ICP Investment 2023/24	4.540	4.643	4.337	2.941	3.001	0.867	3.207	23.537	**3.11%**
Total WHSSC Funding 2023/24	148.952	162.935	135.567	113.395	88.984	32.261	98.353	780.445	
% Uplift Required	**3.14%**	**2.93%**	**3.30%**	**2.66%**	**3.49%**	**2.76%**	**3.37%**	**3.11%**	
WHSSC & HB Shared Pathway Savings Target	(1.444)	(1.583)	(1.312)	(1.105)	(0.860)	(0.314)	(0.951)	(7.569)	**-1.00%**
% Uplift Required if Pathway Savings Achieved	**2.14%**	**1.93%**	**2.30%**	**1.66%**	**2.49%**	**1.76%**	**2.37%**	**2.11%**	

SUMMARY

- In response to the discussion at JC on 17th January further Management Group were asked to consider and advise on the ICP.
- Joint Committee are asked to agree the Integrated Commissioning Plan 2023/24, in line with the timescales outlined in the NHS Wales Planning Framework.

Report Title	**Integrated Commissioning Plan (ICP) 2023-24**	**Agenda Item**	2.1
Meeting Title	**Joint Committee**	**Meeting Date**	13/02/2023
FOI Status	Public		
Author (Job title)	Assistant Director of Planning		
Executive Lead (Job title)	Director of Planning		

Purpose of the Report	The purpose of this report is to present the final Integrated Commissioning Plan (ICP) 2023-24 for approval.				
Specific Action Required	RATIFY ☐	APPROVE ☒	SUPPORT ☒	ASSURE ☐	INFORM ☐

Recommendation(s):

Members are asked to:

- **Note** that the Plan has been finalised following the Joint Committee meeting on 17th January 2023, and subsequent discussions at Management Group;
- **Approve** the Integrated Commissioning Plan (ICP) 2023-2024 for submission to Welsh Government; and,
- **Approve** the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs).

INTEGRATED COMMISSIONING PLAN (ICP) 2023-24

1.0 SITUATION

The purpose of this report is to present the final Integrated Commissioning Plan (ICP) 2023-24 for approval.

2.0 BACKGROUND

As laid out in the Director-General's letter which accompanied the NHS Wales Planning Framework 2023-26, as a key supporting organisation WHSSC is required to develop an Integrated Commissioning Plan (ICP) on behalf of Health Boards (HBs) that must be agreed by the Joint Committee and align with the Planning Framework and Commissioner Integrated Medium Term Plans (IMTPs).

The development of our strategic commissioning approach is included in the Plan with the delivery of the service strategies for Paediatrics and Mental Health and the conclusion in 2023 of the work on the Specialised Services Strategy. In addition, in 2023-24 we will be undertaking a strategic service review of cardiac services, delivering the results of the specialised haematology review and developing our specialised rehabilitation services strategy. We will also be building on our value-based healthcare work programme, working with HBs on a programme of cross-cutting value, cost-avoidance, demand management and recommissioning priorities and maintain our renewed emphasis on performance management.

We have followed our well-established annual cycle to develop the ICP with commissioning intentions issued during May 2022 and the clinical impact assessment of investments taking place with HB clinical and managerial colleagues during August. The recommendations of our robust horizon-scanning and evidence-based prioritisation of new interventions process were also supported by the Management Group in September 2022 and these have been further reviewed and risk-assessed to support the Joint Committee in agreeing the final Plan.

The first draft Plan was considered at the Management Group meeting on 27 October 2022 and the Joint Committee on the 8 November 2022. Following this discussion, in the light of the very challenging financial environment, further work was undertaken to assess a set of financial and risk scenarios, with discussion at the December Management Group meeting and a Joint Committee Workshop was also held on the 10 January 2023. Alongside the assessment of these scenarios further work was also undertaken on the Plan to align it to the Ministerial Priorities outlined in the NHS Wales Planning Framework issued in November 2022.

The Plan was discussed in the Joint Committee meeting on 17th January and was agreed in principle subject to further discussion and advice from the Management Group. Two workshops have taken placed with Management Group to discuss the issues requested by Joint Committee and the final Plan is now presented for approval.

3.0 ASSESSMENT

3.1 The Overall Plan

The final Plan is attached at ***Appendix 1*** for approval. It is structured to include:

- National, Regional and WHSSC context,
- Information on how the plan has been developed,
- Planning Principles,
- The processes that inform the plan,
- Achievements from the 2022-23 Plan,
- The outcomes of the clinical impact assessment and horizon scanning and prioritisation of new interventions processes, which have been aligned to the financial requirements,
- The performance and recovery position of the key specialties included in the organisation's Accountability Letter,
- Goals, Methods and Outcomes for each commissioning team (priorities for 2023-24),
- Considerations of decarbonisation, foundation economy and value; and areas of demand management, cost-avoidance and recommissioning,
- The financial requirements, based on the discussions with Joint Committee and further work with the Management Group; and
- Risk management, governance and reporting.

Appended to the document that will be submitted in line with the NHS Wales Planning Framework will be:

- Appendix A Assessment of ministerial priorities
- Appendix B Detailed Performance Report
- Appendix C Detailed financial report – will be finalised subject to the financial position agreed by the Joint Committee
- Appendix D Minimum Data Set

3.2 The Financial Plan

During the process of developing the Plan, the financial situation of NHS Wales has become clearer and the context for consideration of the Plan has become more difficult. The financial environment was crystallised with the issue of Allocation Letters in late December 2022. Following the further work with the Joint Committee and Management Group through January and early February the financial requirements included in the Plan are shown in Table 1 below.

Table 1 – Financial Requirements of the Integrated Commissioning Plan (ICP) 2023-24

WHSSC ICP Financial Summary 2023/24	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2023/24 WHSSC Requirement	
	£m	£m	£m	£m	£m	£m	£m	£m	
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To arrive at this position, a significant number of disinvestments and recommissioning actions are identifed as follows:

Re-Commissioning & Disinvestments	2023/24 £m	2024/25 £m	2025/26 £m
Medicines Management			
New Medicine Optimisation Schemes	(1.000)	(1.000)	(1.000)
Disinvestments			
Recurrent:			
Cardiac Surgery disinvestment C&V	(1.875)	(2.344)	(2.344)
Cardiac Surgery disinvestment SB	(1.395)	(1.744)	(1.744)
Non Recurrent under performance (assume 50% recovery)			
Paeds Surgery C&V	(0.150)		
Plastics SB	(0.700)	-	
Bariatrics SB	(0.090)	-	
Thoracic SB	(0.125)	-	
Thoracic C&V	(0.200)	-	
Renal Activity	(0.150)	-	
Re-Commissioning & Strategy Efficiencies			
Reduction in Neonatal OOA transfers due to SW capacity	(0.250)	(0.250)	(0.250)
Target Reduction in Forensic OOA Placements	(1.000)	(1.000)	(1.000)
Target Reduction in NW CAMHS OOA Placements	(0.250)	(0.250)	(0.250)
Target Reduction in SW CAMHS OOA Placements	(0.500)	(0.500)	(0.500)
Target Reduction in Eating Disorders OOA Placements	(0.500)	(0.500)	(0.500)
Paeds Contract Rebasing through Strategy Service Reviews	(0.250)	(0.500)	(0.500)
Device Optimisation C&V	(0.150)	(0.150)	(0.150)
Device Optimisation SB	(0.150)	(0.150)	(0.150)
Genetics - Repatriate send out tests to in house	(0.250)	(0.500)	(0.500)
WHSSC DRC Budget CRP 5% (office optimisation & agile working)	(0.175)	(0.175)	(0.175)
Total Re-Commissioning and Disinvestment Savings	**(9.160)**	**(8.238)**	**(8.238)**

An assessment of associated risks has also been undertaken as a consequence of the revised position.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** that the Plan has been finalised following the Joint Committee meeting on 17th January 2023, and subsequent discussions at Management Group;
- **Approve** the Integrated Commissioning Plan (ICP) 2023-2024 for submission to Welsh Government; and,
- **Approve** the requirements of the Integrated Commissioning Plan (ICP) for inclusion in Health Board Integrated Medium Term Plans (IMTPs).

Governance and Assurance	
Strategic Objective(s)	Yes
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 Integrated Commissioning Plan which are outlined within the 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	**2 February 2023** – Management Group Workshop **26 January 2023** – Management Group Workshop **17 January 2023** – Joint Committee meeting **10 January 2023 –** Joint Committee – Workshop **15 December 2022** – Management Group Consideration of Financial Plan Scenarios

	8 November 2022 – Joint Committee considered the draft ICP **27 October 2022 –** Management Group considered the draft ICP **22 September 2022 -** Management Group – Financial presentation
Appendices	Appendix 1 – Integrated Commissioning Plan (ICP) 2023-24

GIG CYMRU NHS WALES

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

PARCH - RESPECT | PARTNERIAETH - PARTNERSHIP | GWELLA AC ARLOESI - IMPROVEMENT & INNOVATION

WELSH HEALTH SPECIALISED SERVICES

INTEGRATED COMISSIONING PLAN 2023-2024

To ensure that there is: Equitable access to safe, effective and sustainable specialist services for the people of Wales, as close to patients' homes as possible, within available resources

FOREWORD FROM WHSSC CHAIR AND MANAGING DIRECTOR

As a national NHS Wales supporting organisation, we continue to develop our commissioning approach to support the system to meet the needs of Welsh patients for specialised services. Within this context, we are once again pleased to present the Integrated Commissioning Plan 2023-26, developed on behalf of Health Boards in Wales to ensure that high quality services are commissioned for the Welsh population.

In January 2023, a Review of National Commissioning Functions was announced by Welsh Government which will conclude in April 2023. Our 2022-2025 Plan included the development of our Specialised Services Strategy, and this work will continue, with the aim of agreeing the Strategy in the context of the recommendations of the Review in 2023. During 2021/22 two service commissioning strategies (Mental Health and Paediatrics) were also agreed and this Plan includes their implementation actions for 2023/24. Through the agreed ICP, in 2021/22 a number of specialist services have been supported with a range of evidence-based and prioritised investments, and there has been an increase in value driven and recommissioning reviews in a number of service areas, including haematology, specialist rehabilitation and cardiac services. In line with the recovery agenda, the Plan sought to support commissioned services to recover and return to a position of pre-Covid activity, with variable achievement across our providers, and as a result we restarted our performance management arrangements following the hiatus during the pandemic.

Working with Health Boards, the Plan has been developed in the context of the extreme financial pressures and service challenges facing NHS Wales, but our approach for the period of this plan is no less ambitious, seeking to consolidate and build on our commissioning approach 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 and supporting decarbonisation and the foundational economy, as well as promoting equity of service provision in our relationships with providers in Wales as well as in NHS England.

We could not present this plan without acknowledging the continued commitment and commissioning expertise of the WHSSC team who continue to work to develop relationships across Wales and England on behalf of the seven Health Boards in Wales

_____

Dr Sian Lewis

Managing Director

_____

Kate Eden

Chair

CONTENTS

INTRODUCTION AND PURPOSE

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 issues the NHS Wales Planning Framework that requires Health Boards to develop and deliver Integrated Medium Term Pla which triangulate service, finance and workforce. Within this Framework, as a national supporting organization, WHSSC is required to "develop an Integrated Commissioning Plan on behalf of health boards that must be agreed by the committee and align with the Planning Framework and Commissioner IMTPs".

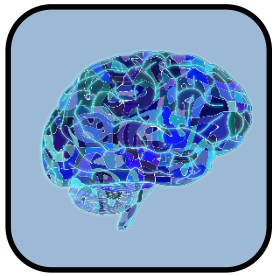
We have responsibility for commissioning over £752 million of specialised services for the Welsh population and to maximise the value from investing these resources. Our Operating Model includes functional directorates (patient care, medical, planning, finance and corporate services) which integrate through 6 multi- disciplinary Programme Commissioning Teams, and the Welsh Kidney Network. We also have a team in North Wales to manage the complex commissioning interfaces for that population. The commissioning portfolios (shown below) provide the framework for this Plan.

Cancer & Blood

Cardiac

Mental Health & Vulnerable groups

Neurosciences

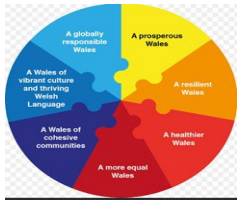


Welsh Kidney Network

Women and Children

PLANNING CONTEXT

NATIONAL



WHSSC remains ambitious about the organisation's 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. 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). 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 is further national context that will emerge during the period of this plan, such as the strong central role that the NHS Executive will bring, aligned with the delivery of National Clinical Frameworks, as well as the opportunities and challenges on the horizon as a result of the changing landscape in NHS England with the creation of Integrated Care Systems. 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 Annex A.

REGIONAL

There is strong commitment within NHS Wales on regional planning to develop enhanced 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 . 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. WHSSC also has a track record of working across Health Boards to enable responses to specialist 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.

WHSSC

The Specialised Services Strategy (being developed in 2022/23) will set an ambitious direction of travel for WHSSC and the services that we commission over the coming 10 year period, establishing a strong Once for Wales approach for commissioning in NHS Wales. The aim will be to improve equity and service sustainability and to maximise the value that the Welsh population receives from the re- sources we invest. The recovery from the Covid-19 pandemic remains the context for the period of this plan with a continued commissioning priority to deliver equitable access and reduced waiting times for Welsh patients, both within Wales and in comparison to services commissioned from NHS England. It is within this context that, following a period of dispensation on performance management during Covid 19, we will strengthen our performance management approach, working alongside providers to ensure delivery against contracts and finding shared solutions to improving quality and access.

PLANNING PRINCIPLES

- **The overarching principle is to maximise value from our core resources**
  - To make overt choices on new developments and investments on a risk assessed basis
  - To ensure that considerations of equality and equity are central to planning and commissioning
  - To ensure that repatriation of services maximises value for patients and wherever possible is delivered within existing resource envelope
  - To maintain the renewed focus on performance management and value for money from contracts in line with the Escalation Framework
  - To work with Health Boards in-year on value, cost-avoidance and demand management across whole pathways
  - To evaluate previous investments and bring forward recommissioning choices in year in conjunction with Health Boards

PROCESS FOR DEVELOPING THE PLAN

The ICP for Specialised Services for Wales 2023-24 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, neurophysiology, specialist gambling and low secure mental health services coming into WHSSC. We also anticipate plastics commissioning moving to HBs in year 2 of the Plan and the conclusion of the work on hepato-biliary surgery in year 1.
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.
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

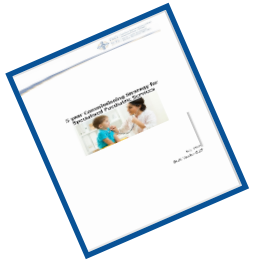
DEVELOPMENT OF INTEGRATED COMMISSIONING PLAN

PROCESS FOR DEVELOPING THE PLAN : STRATEGIC COMMISSIONING

During 2022/2023, much work has been undertaken to develop strategies that will drive the commissioning of services, inform commissioning intentions and ultimately inform a financial profile delivery plan. Some of this work is summarised here:

The WHSSC Specialised Services Strategy will set the overall vision and priorities for the delivery of Specialised Services for the Welsh population between 20223 and 2033, and will set the context for all other Specialised Services strategic developments. Extensive engagement is currently underway to inform the final document which will be published in early 2023.

The Specialist Mental Health Strategy describes a stronger blended model for the provision of specialist mental health services, outlining strategic priorities in the areas of CAMHs/FACTs; Eating Disorders; Learning Disability; provision of secure services; perinatal mental health and neuropsychiatry.



The Specialist Paediatric Strategy shares 6 strategic objectives for the future development of specialist Paediatric services; aiming for better co-ordination of pathways, transition and a patient-centred commissioning model. Each service within the Women and Children Portfolio will be subject to a full review to ensure alignment with the strategic priorities. A number of new services across the 5 year lifespan of the strategy will need to be considered for commissioning by WHSSC including: Specialised Paediatric Respiratory, Specialised Chronic Pain, Specialised Paediatric Ophthalmology and Paediatric Infectious Diseases.

In Year 1 of this plan, work will be undertaken on the development of a neurosciences strategy and a cardiac services strategy, with the cancer and blood strategies to follow, as we strengthen our strategic commissioning approach, enabling a longer term view and profiled financial planning.

PROCESS FOR DEVELOPING THE PLAN : SERVICE DEVELOPMENT PRIORITISATION

Each year, WHSSC issues commissioning intentions based on strategy and assessment of need, which are also informed by discussions throughout the year with services and providers. A clinically-led prioritisation process is undertaken to propose which services should receive investment via the Integrated Commissioning Plan process. A panel (Clinical Impact Advisory Group) prioritises each scheme against the following criteria:

Patient Benefit	Potential for the intervention to have an impact on patient-related health outcomes (benefits and harms)
Severity	The (serious) nature of the condition involved
Burden of Disease	The size of the population that would be affected (or would benefit) by the intervention
Potential for decreasing inequity	The intervention has the potential to introduce, increase or decrease equity in health status

A total of 21 schemes were received for consideration within the 2023/2024 process. 16 of these were considered at CIAG and 5 were routed through our commissioning strategies. The schemes prioritised cy the Clinical Impact Assessment Group are outlined here: :

High
Major Trauma service
Silver Trauma lead
Cardiac devices
Physiotherapy for plastic surgery
PDOC * (see note)
Thoracic surgery
Paediatric E&A medicine
Sarcoma Therapies
Medium
Renal psychology
Psychology for thoracic surgery
Clinical immunology psychology
Low
Major Trauma (TARN)
Digital Network

Following further risk assessment and working with Health Boards through the Joint Committee the four schemes below are included in the 2023/2024 Plan. The others will continue to be risk assessed and be reconsidered in the planning process for 2024/25.

Very High
MSCC Co-ordinators
Neuro Rehab
Neuropsychiatry

* On an assessment of risk, it has been agreed that PDOC should also proceed.

PROCESS FOR DEVELOPING THE PLAN : HORIZON SCANNING & PRIORITISATION OF NEW INTERVENTIONS

Horizon scanning identifies new interventions and emerging, innovative health technologies which may be suitable for funding; and through an agreed prioritisation process we rank them according to a set of pre-determined criteria, including their clinical and cost effectiveness.

A horizon scanning exercise was carried out between January and May 2022 to inform this Plan. Information on new technologies was obtained from a range of established published resources and the Panel identified six technologies for consideration.

The scoring and ranking of interventions by the WHSSC Prioritisation Panel was carried out based on an agreed methodology and presents a fair and transparent process to ensure that evidence-based healthcare gain and value for money is maximised. Each intervention presented to the Panel was supported by a comprehensive evidence review. Panel members were asked to score each intervention (1 - 10) against each of the six criteria listed below. A high score indicates consistency with each of the criteria:

· The Quality and strength of the evidence of clinical effectiveness	· Patient benefit (clinical impact/outcomes)
· Economic assessment	· Burden of disease - population impact
· Burden of disease - nature (severity) of the condition	· Potential for improving/reducing inequalities of access.

Once the Prioritisation Panel has considered all the interventions the results are tabulated and presented back to the Panel at the end of the meeting. Members are then asked to split the final prioritised list into 'high', 'medium', 'low' and 'no routine commissioning' based on their overall score. The recommendations have been agreed with Health Boards through Management Group and the schemes included in the Plan are shown below:

Intervention	Inclusion in Plan
Stereotactic ablative radiotherapy (SABR) for patients with previously irradiated, locally recurrent primary pelvic tumours (all ages)	**HIGH - included**
Stereotactic ablative radiotherapy (SABR) to treat people with primary kidney cancer	
Stereotactic ablative body radiotherapy for patients with locally advanced, inoperable, non-metastatic pancreatic carcinoma (adults)	**MEDIUM – included**
Proton Beam Therapy for craniospinal irradiation in adults	
Abatacept for refractory idiopathic inflammatory myopathies (children only)	**LOW - not for routine commissioning - IPFR**
Selective internal radiation therapy (SIRT) in the treatment of chemotherapy refractory and intolerant, unresectable metastatic colorectal cancer (adults)	

INCREASING VALUE

Throughout the commissioning cycle we are constantly seeking opportunities to improve value and re-commissioning, whether through strategy development, strategic service reviews, repatriation or contract re-basing. The main activities within the period of the Plan are outlined here:

Examples of Recommissioning to mitigate risk	Paediatric surgery waiting times; Plastic surgery waiting times; Bariatric surgery standards and waiting times; CAMHS to ensure delivery against service specification; access to adult learning disability secure care; access to children's learning disability secure care.
Examples of Re-commissioning for outcomes and VBHC	ATMP outcomes, Renal pre-habilitation project; medicines optimisation; SAIL (equity measurement); Paediatric Oncology Review; Audit days; work to develop a PROMS and PREMS framework for WHSSC.
Examples of Strategic re-commissioning	Mental Health Strategy, Paediatric Strategy; Intestinal Failure Strategic Review; Neuro-rehabilitation Strategy.
Examples of Re-commissioning through contract rebasing	Cardiac/TAVI; Neonatal cots rebasing; Additional/alternate provider for Bariatric surgery; Gender Identity Development services (GIDs) repatriation; Cochlear and BAHA; Home dialysis strategy; Intestinal Failure; Neuro-rehabilitation strategy.

2022/23 PROGRESS AND DELIVERY

Progress against the 2021/22 plan is outlined in the following pages, along with an assessment of how they have contributed to the following areas:

EQUITY

VALUE

SUSTAINABILITY

COMMISSIONER ASSURANCE

CARE CLOSER TO HOME

SERVICE IMPROVEMENT

QUALITY AND PATIENT SAFETY

CANCER AND BLOOD PROGRESS AND DELIVERY 2022/2023

As of December 2022	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Mesothelioma Service specification developed	•	•		•	•		•
Published revised Bleeding Disorders service spec	•			•	•	•	•
Published a revised Genomics service specification	•			•	•	•	•
Developed policy for Extracorporeal Membrane Oxygenation (ECMO) as a bridge to transplant.	•			•			•
Developed policy for Haematopoietic Stem Cell Transplant (HSCT) for relapsing remitting multiple sclerosis.	•			•			•
Published a revised Positron Emission Tomography (PET) policy	•			•			•
Updated policies for proton beam therapy for adults and children, teenagers and young adults ; Stereotactic Ablative Body Radiotherapy (SABR) for treatment of Non-Small Cell Lung Cancer (NSCLC); Paroxysmal Nocturnal Haemoglobinuria (PNH)	•			•			•
Published a new policy for treatment of hereditary anaemias (Crizanlizumab; Rituximab/Eculizumab)	•			•			•
Repatriated Peptide Receptor Radionuclide Therapy (PRRT) & designated a South Wales provider	•			•			•
Commissioned psychology support for paediatric plastic surgery patients—south Wales.	•			•			•
Review of specialised commissioning in haematology and immunology	•			•			•
On-going commissioner support to single thoracic surgery centre for south west, east and mid Wales	•	•	•	•			

CARDIAC PROGRESS AND DELIVERY 2022/23

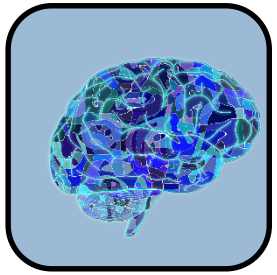
As of December 2022

Development	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Developed Pulmonary Hypertension service specification	•			•	•	•	•
Revised policy and service specification for obesity surgery and new policy for revisional cases	•			•	•	•	•
Supported both Welsh Cardiac Surgery providers to deliver the recommendations of their respective 'Getting It Right First Time' reviews	•	•		•	•	•	•
Developed proposals for third phase of investment in Adult Congenital Heart Disease service	•	•		•	•	•	•
Received Management Group endorsement for formal instituting of Pulmonary Hypertension satellite service	•	•		•	•	•	•
Developed proposals to enable apportionment of inherited Cardiac Conditions fund-	•	•	•	•	•	•	•
Continued development of Cystic Fybrosis service and impact of modulator therapies	•	•		•	•	•	•

MENTAL HEALTH PROGRESS AND DELIVERY 2022/23

As of December 2022

Development	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Developed FACTs service specification	•	•		•	•	•	•
Developed stakeholder engagement and publication of a Specialist Mental Health Strategy to produce a strategic direction for mental health service for Wales	•	•	•	•	•	•	•
Developed funding options to implement the strategy	•	•	•	•	•	•	•
Increased capacity in the Welsh Gender service & established a satellite gender service for North Wales.	•	•	•	•		•	•
Repatriated Welsh patients from the waiting list at the Tavistock & Portman NHS Foundation Trust to the Welsh Gender service	•		•	•			•
Stabilised Forensic Adolescent Consultation and Treatment service (FACTs)		•		•	•	•	•
Enabled a Health Needs Assessment for the Gambling Addiction Service to inform future commissioning of the service		•					
Developed a complex health needs pathway for Ukrainian refugees including risk share agreement			•	•			•



NEUROLOGICAL CONDITIONS 2022/23 PROGRESS AND DELIVERY

As of December 2022

Development	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Reviewed Cochlear and Bone Conduction Hearing Implant Service including clinical option appraisal, External assessment and financial review,		•	•	•	•	•	•
Repatriated Adolescent Paediatric Cochlear Implant Patients from Manchester			•	•	•	•	
Developed a Specialised Rehabilitation Strategy for Wales.	•	•	•	•	•	•	•
Commissioned a Tertiary Thrombectomy Centre in South Wales	•	•		•	•	•	•
Made the South Wales Neurosurgery Service sustainable	•	•		•	•	•	•
Commissioned the staffing model for the South Wales Spinal Operational Delivery Network	•	•		•	•	•	•
Invested in the Major Trauma service workforce to mitigate the workforce risks	•	•		•	•	•	•
Addressed the fragility of the Wales Artificial Eye Service		•		•	•	•	•
Enhanced the sustainability and equity of the North Wales Prosthetic Service and provision of an outreach service for rural communities	•	•		•	•	•	•
Approved the joint Proposal from North and South West Wales Prosthetic Service for Psychology Support to ensure equity across all regions	•	•		•	•	•	•

WELSH KIDNEY NETWORK PROGRESS AND DELIVERY 2022/23

As of December 2022

	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Supported COVID vaccination programme for Renal patients. WRCN has worked with partners To deliver webinars, Q&A sessions and news letters	•		•	•	•	•	•
Established the Normothermic Regional Perfusion (NRP) programme for deceased donors in Cardiff with training and competency development being replicated by other UK centres.	•	•	•	•	•	•	•
The hepatitis C +ve donor programme in Cardiff has produced several successful transplants in the past year.	•	•	•	•	•	•	•
Retendered for the All Wales contract for immunosuppressant medication. The contract maintains the high level of savings that have benefited renal services since 2013	•	•		•	•	•	•
Delivered the all Wales Welsh Government Transformation Funded programme to digitise kidney care iWales VitalData) and the roll-out of EPMA (Electronic Prescribing and Medicines Management).	•	•	•	•	•	•	•
Developed a Home Dialysis Workforce audit tool to support Welsh Home Dialysis nursing teams.	•	•		•	•	•	•

WOMEN & CHILDREN PROGRESS AND DELIVERY 2022/23

As of December 2022

Development	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Published Selected Dorsal Rhizatomy Commissioning Policy and implementation of service				•	•		
Publication of the fetal medicine Commissioning Policy	•	•		•	•		
Published the Policy position for Dexrazoxane for preventing Cardiotoxicity					•		
Publication of the Paediatric Gastroenterology Service Specification	•	•	•	•	•	•	•
Released funding for the stabilisation of the Perinatal Pathology service		•			•		
Released funding for the paediatric gastroenterology outreach services in North Wales							
Released funding to increase capacity in the paediatric immunology service		•			•		
Reconfigured Neonatal cots and tariff for the south wales network	•	•	•	•	•	•	•
Developed and published Specialised Paediatric Services Strategy	•	•	•	•	•	•	•
Formally Commissioned Specialised Paediatric Orthopaedic Service	•	•		•	•		
Formally Commissioned Specialised Paediatric Spinal Surgery	•	•		•	•		
Formally Commissioned Corneal cross-linking to treat Keratoconus				•	•		

CROSS WHSSC COMMISSIONING AREAS 2022/2023 – PROGRESS AND DELIVERY

As of December 2022

Development

	Equity	Sustainability	Care closer to home	Quality and patient safety	Improvement	Commission Assurance	Value
Ministerial endorsement of the £25 million All Wales PET Programme and programme management arrangements in place to implement the PET Programme Business Case	•	•		•	•		•
Establishment of an all Wales Expert Advisory Group for Molecular Radiotherapy (AWMOL) with WG sponsoring a formal programme of work based upon the Group recommendations	•	•	•	•	•	•	•
Hosted a range of Audit/Quality improvement days for WHSSC commissioned services				•	•	•	•
Recurrent resource from the Value Based Healthcare programme at Welsh Government to fund a Programme Manager to support the routine collection of ATMP outcome data across Wales	•			•	•		•
Joint working with NHS England in the development of their quality frameworks aligned to our commissioned services	•			•	•	•	
Review of Intestinal Failure Services	•	•		•	•	•	

OTHER WHSSC ACHIEVEMENTS 2022/2023

- The All Wales PET programme was a finalist in the 'Working Together' category in the Moondance Cancer awards
- Published a Case Study on reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis, with *Appl Health Econ Policy* Http://doi.org/10.1007/s40258-021-00692-y
- The Blueteq High costs drugs system was a finalist in the '@innovative Technology Project of the Year' category at the 2022 Welsh Pharmacy awards
- Secured value in healthcare funded schemes for Advanced Therapy Medicinal Products (AMTPs) and an all Wales pre-habilitation programme for welsh kidney patients
- The WHSSC/SAIL team won the 'Addressing healthcare inequalities' award at the Healthcare Financial Management Awards
- Quality and Patient Safety Development Day held in September 2022
- Our quality team and Neurosciences Commissioning Team achieved substantial assurance in their internal audits, building on substantial assurance received in several other areas over the last 18 months
- The Service, Innovation & Improvement (previously know as audit) days restarted following reduction of restrictions during Coviid 19, with focus areas within the year being:
  - Intestinal Failure
  - Cancer and Sarcoma
  - Cystic Fybrosis

2022/2023 PERFORMANCE POSITION

The following offers a summary in the main speciality areas commissioned by WHSSC. Narrative on the position is shared over following pages:

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

Annex A - Recovery summary
Data sources: DHCW inpatient episodes and RTT data; includes ALL episodes

Episode comparison to current month (DHCW data warehouse)

Specialty_WHSSC	CountEpisode for 2019/20 (M1-7)	CountEpisode for 2020/21 (M1-7)	CountEpisode for 2021/22 (M1-7)	CountEpisode for 2022/23 (M1-7)	CountEpisode 2022/23 % diff from 19/20
Cardiac Surgery	**1,281**	**649**	**1,037**	**1,097**	**-14%**
Cardiff and Vale University Local Health Board	497	200	389	385	-23%
Liverpool Heart And Chest Hospital nhs foundatio	264	183	274	248	-6%
Swansea Bay University Local Health Board	440	206	318	370	-16%
University Hospitals Birmingham Nhs Foundation t	39	31	25	49	26%
University Hospitals Of North Midlands nhs trust	41	29	31	45	10%
Neurosurgery	**1,985**	**1,135**	**1,680**	**1,717**	**-14%**
Cardiff and Vale University Local Health Board	1,261	701	1,069	1,120	-11%
The Walton Centre Nhs Foundation trust	634	367	522	523	-18%
University Hospitals Of North Midlands nhs trust	90	67	89	74	-18%
Paediatric Surgery	**1,723**	**790**	**1,310**	**1,394**	**-19%**
Alder Hey Children's Nhs Foundation trust	262	203	201	243	-7%
Cardiff and Vale University Local Health Board	1,461	587	1,109	1,151	-21%
Plastic Surgery	**6,789**	**3,703**	**5,099**	**5,237**	**-23%**
Countess Of Chester Hospital Nhs foundation trus	403	246	292	315	-22%
St Helens And Knowsley Teaching Hospitals nhs tr	826	415	632	678	-18%
Swansea Bay University Local Health Board	5,560	3,042	4,175	4,244	-24%
Thoracic Surgery	**809**	**471**	**771**	**731**	**-10%**
Cardiff and Vale University Local Health Board	373	215	381	339	-9%
Liverpool Heart And Chest Hospital nhs foundatio	140	107	169	154	10%
Swansea Bay University Local Health Board	278	138	204	216	-22%
University Hospitals Of North Midlands nhs trust	18	11	17	22	22%
Total Specialty	**12,587**	**6,748**	**9,897**	**10,176**	**-19%**

Current Waiting List totals (DHCW data)

202207 Admitted diagnostic intervention	FUP OP appointment	New OP appointment	Unknown	Total
156	**36**	**91**	**173**	**456**
119	23	34		176
			160	160
37	13	57		107
			8	8
			5	5
263	**289**	**508**	**449**	**1,509**
263	289	508		1,060
			428	428
			21	21
512	**53**	**469**	**90**	**1,124**
			90	90
512	53	469		1,034
2,574	**104**	**1,647**	**688**	**5,013**
			217	217
			471	471
2,574	104	1,647		4,325
61	**77**	**67**	**39**	**244**
49	69	45		163
			38	38
12	8	22		42
			1	1
3,566	**559**	**2,782**	**1,439**	**8,346**

2022/23 PERFORMANCE POSITION

Whilst great effort has been made by all NHS providers towards recovery, there is a demonstrable difference between the ability of providers in NHS Wales to recover to pre-Covid pandemic activity profiles when compared with those in NHS England. This may be due to the configuration of specialised services providers in NHS England which led to a greater ability to protect provision during the pandemic, and the difference in performance, finance and incentive systems. During the year we returned to pre-Covid performance management arrangements including use of our Escalation Framework. A summary of performance in the key commissioned specialties laid out in our ICP 2022-25 Accountability Conditions, as well as thoracic surgery is provided below.

Bariatric Surgery is provided at two main centres – Salford predominantly for North Wales residents, and Swansea Bay for South Wales residents. Numbers are small and were greatly affected early on in the Covid-19 pandemic. Although activity is now creeping up in 2022/23, there remains a high waiting list at Swansea compared to activity, with about a third of patients now waiting over a year.

Cardiac Surgery– Whilst overall inpatient activity has decreased by 14% to date this financial year, compared to 2019/20, this had not translated into higher waiting lists due to lower demand for inpatient admissions. Cardiff's waiting list for admissions had actually reduced to about one third of pre-COVID-19 levels, but has been increasing again since December 2021 (now about 120 patients), and Swansea Bay's has steadily reduced to just over half (about 35 patients), although Liverpool's list has increased slightly (about 80 patients). However, referrals for New outpatient appointments is now growing again after an initial lull as COVID-19 hit Wales, and the Welsh centres historically have a much higher percentage than Liverpool of emergency admissions compared to elective admissions. Therefore, the good progress must be maintained, especially considering the link to Cardiology and that patients may move to Cardiac Surgery lists at short notice. It is also worth noting that waiting lists for admissions for Cardiology have increased at both Cardiff and Swansea Bay – a small increase at Cardiff to about 630 patients (from about 600 in March 2020), but a larger increase at Swansea Bay to around 290 patients (from about 220 in March 2020), although this has been decreasing each month lately. These figures include non-specialist activity, as well as specialised interventions. In view of growing waiting lists in Cardiff and Vale WHSSC supported agreement of arrangements to transfer patients from CTM to Swansea Bay for a 6 month period.

Cardiac Surgery – the 52-week outpatient gap is currently 1 at Liverpool Heart & Chest, the 104-week treatment gap is 0. The over 36 week treatment list is currently 32, with 10 at Cardiff, 21 at Liverpool Heart & Chest, and 1 at Swansea.

Thoracic Surgery – Whilst inpatient activity overall has decreased by 11% to date in 2022/23 compared to 2019/20, this varies across the 3 main providers. Cardiff have performed a similar episode volume to 2019/20, and have halved their waiting list for admissions (now about 40 patients). Liverpool have increased their inpatient activity by 10%, and their waiting list for admissions is around 25 patients, although this is an increase. Swansea Bay's activity is 23% lower than 2019/20 so far this year, but their waiting list is similar to pre-Covid levels with about 10 patients. Cardiff are currently seeing some Swansea patients by agreement.

Similar to Cardiac Surgery, New Outpatient referrals appear to be now increasing again though, so the good work needs to be maintained. Whilst inpatient activity overall has decreased by 10% to date in 2022/23 compared to 2019/20, this varies across the 3 main providers. Cardiff have performed a similar episode volume to 2019/20 and have halved their waiting list for admissions (now about 50 patients). Liverpool have increased their inpatient activity by 5%, and their waiting list for admissions is around 30 patients, although this is an increase. Swansea Bay's activity is 28% lower than 2019/20 so far this year, but their waiting list is similar as pre-Covid with about 20 patients. Cardiff are currently seeing some Swansea patients by agreement. Similar to Cardiac Surgery, New Outpatient referrals appear to be now increasing again though, so the good work needs to be maintained.

Thoracic Surgery – the 52-week outpatient gap is currently 0, the 104-week treatment gap 0. The over 36 week treatment list is currently 3 at Cardiff. Swansea and Liverpool Heart and Chest have no waiters above these targets at present.

2022/2023 PERFORMANCE POSITION

- ***Neurosurgery*—**Inpatient activity has decreased by 15% in 2022/23 compared to 2019/20, with both Cardiff and the Walton showing similar recovery rates. Both Cardiff's and the Walton's waiting lists for admissions are roughly the same as pre-Covid (about 270 patients at Cardiff and 400 at the Walton), although some of those have been waiting for over a year. New outpatient referrals appear to be consistent, but Cardiff now has a growing waiting list for new appointments, which could translate into pressure on the waiting list for admissions.

> ***Neurosurgery*** – the 52-week outpatient gap is currently 0, the 104-week treatment gap is 0. The over 36 week treatment list is currently 20 at Cardiff, with none of these having waited over a year. 39 patients have been waiting over 36 weeks at the Walton; this is the total for all parts of the pathway, including outpatients.

- ***Plastic Surgery*** – Inpatient activity is still 22% less so far this financial year compared to 2019/20, although this is higher than 2020/21. Both of the centres commissioned by WHSSC (Swansea Bay and St. Helen's and Knowsley) are now showing large waiting lists for admissions, with large numbers having now waited over a year, or even two years. Swansea Bay's inpatient waiting list has grown from about 1,450 in March 2020 to over 2,200 in August 2022, with almost half having waited over a year. The new performance measures from Welsh Government show that almost 600 patients have now waited over 2 years for admission at Swansea Bay. WHSSC is working with the Health Board to support the recovery plan for plastic surgery to address the significant backlog of patients with long waiting times for treatment. St. Helen's and Knowsley's total waiting list for all pathway points has grown from just under 200 in March 2020 to over 400 in July 2022, although none have waited over a year. It is noteworthy that Swansea Bay shows a far higher percentage of emergency activity (54% to date in 2022/23) than St Helen's (16% to date in 2022/23), although this was also the case Pre-COVID-19. Plastic surgery services in Swansea Bay University Health Board are at level 1 escalation.

> ***Plastic Surgery*** – the 52-week outpatient gap has reduced significantly to 47 at Swansea, but the 104-week treatment gap is still high and is currently 596 at Swansea. The over 36 week treatment list is currently 1,414 at Swansea. 179 patients have been waiting over 36 weeks at St Helen's & Knowsley, although none of these have been waiting over 52 weeks; this is the total for all parts of the pathway, including outpatients.

- ***Paediatric Surgery*** - Inpatient activity overall has decreased by 23% to date this financial year, compared to 2019/20, but this is still significantly more than in 2020/21. Whilst Cardiff has clearly worked hard to reduce the New Outpatient waiting list (which has seen steadily growing referrals again since April 2020), the waiting list for admissions has been progressively growing from about 300 patients in March 2020 to about 530 in August 2022, with about 30% having now waited over a year (very few had waited over 36 weeks Pre-COVID-19). A few patients have now even tipped into the wait band of over 2 years. This is concerning, given that children aged 0-3 are the highest age band of admitted patients. However, WHSSC have been in discussions with the Health Board around their recovery plan, and there is a plan in place to ensure there are no patients waiting over 104 weeks by the end of March 2023. Alder Hey's waiting list had remained fairly static since Pre-COVID-19, but has recently started growing again with about 80 patients waiting across all pathway points. The Trust had cleared all waiters over 36 weeks by October 2021, but the list is now growing again. The service has been escalated to level 1.

> ***Paediatric Surgery*** - the 52-week outpatient gap is currently 0, the 104-week treatment gap is 6 at Cardiff. The over 36 week treatment list is currently 214 at Cardiff, with 112 of these having waited over a year, and 6 for over 2 years. 16 patients have been waiting over 36 weeks at Alderhey Childrens Hospital in Liverpool; this is the total for all parts of the pathway, including outpatients.

PARCH - RESPECT

PARTNERIAETH - PARTNERSHIP

GWELLA AC ARLOESI - IMPROVEMENT & INNOVATION

INTEGRATED COMMISSIONING TEAM PRIORITIES

CONTEXT CANCER AND BLOOD

The specialised cancer and blood portfolio includes a range of services commissioned from provider organisations within and outside Wales. For residents of north Wales and mid/north Powys, in common with other specialised services, these providers tend to be within NHS England (Liverpool, Manchester and Birmingham).

Specialised radiotherapy: WHSSC commissions specialised radiotherapy services including proton beam therapy , stereotactic ablative body radiotherapy stereotactic radiosurgery; brachytherapy; Molecular radiotherapy (peptide receptor radionuclide therapy at Royal Free Hospital, London), selective internal radiation therapy ; and paediatric radiotherapy.

In 2023-24, WHSSC will continue the strategic development of stereotactic ablative body radiotherapy (SABR) capacity and provision within Wales through seeking to designate BCUHB as a provider of SABR for the north Wales population and commissioning new indications for SABR in accordance with the recommendations of the prioritisation panel. We will continue to work with NHS England and providers in Wales to ensure sustainable, high quality paediatric radiotherapy services are provided for the population, recognising the increasing role of proton beam therapy for the treatment of this patient group and the impact this is having on the sustainability of conventional radiotherapy services. The Cancer and Blood team will also work alongside the all Wales Molecular Radiotherapy (MRT) Programme, led by WHSSC, to commission new MRTs in accordance with NICE guidance and recommendations.

Specialised cancer surgery: WHSSC commissions thoracic surgery from Cardiff & Vale UHB, Swansea Bay UHB and Liverpool Heart & Chest Hospital; plastic surgery from Swansea Bay UHB, St Helen's and Knowsley, and the Countess of Chester; and liver cancer surgery from Cardiff & Vale UHB. WHSSC will support the established strategic programmes in these areas, including the project led by Swansea Bay UHB to establish a single thoracic surgery centre and the regional work currently in progress led by Swansea Bay and Cardiff & Vale UHBs to review the model for Hepato-biliary (HPB) surgery in south Wales prior to transfer of commissioning responsibility for HPB surgery to WHSSC. With regard to plastic surgery, pending further consideration at Joint Committee in 2022/23, there may be work taken forward to re-shape the future commissioning arrangements in order to align the commissioning of non specialised procedures at health board level and specialised procedures commissioned at an all Wales level by WHSSC.

Specialised haematology: WHSSC currently commissions haematopoietic stem cell transplant (HSCT) (Cardiff & Vale UHB, Swansea Bay UHB, Christie), bleeding disorders service (Cardiff & Vale UHB, Betsi Cadwaladr UHB, Royal Liverpool), hereditary anaemias service (Cardiff & Vale UHB, Royal Liverpool, Alder Hey), service for paroxysmal nocturnal haemoglobinuria (PNH) (Leeds). In 2022/23, WHSSC has undertaken a review of specialised haematology and immunology commissioning arrangements in relation to a number of specific clinical areas. Depending on the outcome and decisions made by Joint Committee, the Cancer and Blood team will take forward the recommendations as priorities for 2023/24.

Achieving service specification quality standards across a range of services: A number of schemes to achieve quality standards within service specifications, in particular in relation to psychology support for patients, were considered through the Clinical Impact Assessment Group process for a number of services including sarcoma, thoracic surgery, plastic surgery and immunology. Subject to funding being made available through the ICP, the scrutiny of business cases to enable the release of funding for these developments will form part of the priorities for 2023-24.

2023/2024 CANCER AND BLOOD PRIORITIES

VISION : To ensure that there is equitable access to safe, effective and sustainable, Cancer and Blood specialist services for the people of Wales, as close to patients' homes as possible, within available resources

GOALS	METHODS	OUTCOMES
Commission the provision of safe and sustainable specialised radiotherapy closer to people's homes.	Commission additional providers of **Stereotactic Ablative Radiotherapy (SABR)**within Wales: undertake a designation process to commission BCUHB as a provider of SABR for the population of North Wales. Implement schemes approved for commissioning through the Prioritisation Panel and funded through the WHSSC ICP process: - To commission new indications for SABR - pelvic, kidney and pancreatic cancer. To develop commissioning policies and designate providers. - Proton beam therapy –craniospinal radiation. Policy development. Molecular Radiotherapy: The Cancer & Blood commissioning team will work alongside the all Wales MRT programme, led by WHSSC, to take forward as appropriate the commissioning of MRT for 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 caliber staff. **Quarter 1.** To provide equitable access for patients in Wales to SABR for the treatment of cancer and improve outcomes in line with clinical evidence. **Quarter 4** Equitable access for patients in Wales to MRT in alignment with clinical evidence and national guidance (NICE).
To implement WHSSC's commissioning remit in haematology and immunology (subject to approval by Joint Committee in March 2023).	Establish a project plan to implement the recommendations of the haematology and immunology commissioning review undertaken in2022/23.	Improved patient access. Improved quality and sustainability. **Quarter 1-4.**

2023/2024 CANCER & BLOOD PRIORITIES Cont…

GOALS	METHODS	OUTCOMES
To implement new commissioning arrangements for plastic surgery (dependant on Joint Committee agreement in November 2022).	To develop and agree for implementing new 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. Timescales subject to project plan following Joint Committee approval. Anticipated would commence in 2023/24 **Quarter 4**
To commission new therapies for patients in Wales with cancer and blood disorders in alignment with the evidence of clinical and cost effectiveness.	To work with stakeholders to implement NICE guidance for CAR-T therapies. To develop commissioning policies and pathways for new CAR-T.	Equitable access for patients in Wales to effective treatments to minimise survival and quality of life. **Quarter 4**
To work with stakeholders to advance the strategic development of Thoracic services in Wales.	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.	Equitable access to high quality and sustainable thoracic surgery for the population of Wales. **Quarter 4**
To work with stakeholders to advance the strategic development of Hepatobiliary (HPB) pancreatic surgery for welsh residents.	To continue to work with health boards towards transferring the commissioning of HPB surgery to WHSSC.	Equitable access to high quality and sustainable HPB surgery for the population of Wales. **Quarter 4**

CONTEXT CARDIAC SERVICES

WHSSC commissions specialised cardiac services to a value of approximately £110 million from Welsh providers. We commission services from a number of NHS England providers, predominantly for the populations of North and Mid Wales, but for patients from across Wales where appropriate. Approximately 14,000 patients per annum access WHSSC - commissioned cardiac services across all locations, of which some 1,800 receive cardiac surgery. Major WHSSC commissioned services include two cardiac surgery centres in Cardiff & Vale and Swansea Bay Health Boards, the All Wales Adult Cystic Fibrosis Centre in University Hospital Llandough, the obesity surgery service provided by Swansea Bay University Health Board, and recent investments in Adult Congenital Heart Disease (ACHD) and Inherited Cardiac Conditions (ICC). The larger WHSSC-commissioned English providers include Liverpool Heart and Chest Hospital and Imperial College Healthcare NHS Trust.

WHSSC's Cardiac portfolio has benefitted from a number of years of investment in new and repatriated services, and in the expansion and enhancement of currently commissioned services. As such, the Cardiac Commissioning team's goals for 2023/24 are focussed on the development and resilience of its current portfolio via the optimisation of service configuration (cardiac surgery; the volume, type and cost of TAVI procedures); the maturing and entrenchment of recent WHSSC service investments (ICC and ACHD); and the provision of targeted support to ensure that current service providers are able to deliver commissioned volumes, or to explore the potential for alternative providers (level 4 obesity surgery).

In terms of specific issues and risks, as outlined earlier, there remain challenges in terms of recovery in this area.

The Cardiac Commissioning Team is aware that the recovery of diagnostics may result in increased referrals, that service pressures elsewhere along clinical pathways may impact on specialist services, and that Covid outbreaks may be to the detriment of waiting lists. The Commissioning Team will be working with providers to ensure that access to specialised cardiac services remains timely and equitable, and to ascertain the actions required to manage waiting lists.

The Cardiac Commissioning Team will also be supporting Health Boards to address the challenges that a number have faced in reinstating satellite clinics for some WHSSC-commissioned services. We have not prioritised the commissioning of any new services although, building on the objective contained in last year's plan that WHSSC will scope the feasibility of providing a more local Pulmonary Hypertension (PH) service, it will seek to develop and commission a PH satellite service that will reduce delays, avoid the duplication of diagnostics, and improve the experience of patients.

2023/2024 CARDIAC SERVICES PRIORITIES

VISION : To ensure that there is equitable access to safe, effective and sustainable, Cardiac specialist services for the people of Wales, as close to patients' homes as possible, within available resource

GOALS	METHODS	OUTCOMES
To commission cardiac surgery services that respond to clinical need and deliver both quality and value for money	Review volume, type and cost of TAVI procedures Work with stakeholders to identify the optimal service model. Established appropriate baselines for cardiac surgery and TAVI baselines. Commission a cardiac surgery service that is optimally configured to meet the needs of the patient of Wales, attuned to current and future clinical imperatives.	Increased access to appropriate cardiac services, particularly for the patient group that benefit from a shift from cardiac surgery to TAVI **Quarter 3**
To build the resilience of the Adult Congenital Heart Disease (ACHD) service, maximising the potential of recent investments and embedding a regional approach.	Work with health boards to ensure that full benefits of recent investments are realised and that all parties effectively participate in the delivery of a regional approach.	Patients on established pathways are able to move between levels of care in a service that is appropriately staffed and resilient **Quarter 1**
Commission a service for the delivery of Pulmonary Hypertension (PH) satellite service in line with service specification and agreed clinical model	Develop and agree proposals for satellite service, review demand and capacity needs Designate a provider Identify investment requirements.	Increased access to pulmonary hypertension services for Welsh residents **Quarter 4**
Commission level 4 obesity surgery services are in line with the new service specification, robust, and responsive to patient demand.	Support Swansea Bay University Health Board to deliver commissioned numbers and range of commissioned procedures. Work with Aneurin Bevan University Health board to developed proposals for the health board to be a commissioned level 4 obesity surgery provider.	Delivery of a service of an agreed model that can deliver commissioned numbers and respond to any increases in demand arising from the Welsh Government's All Wales Obesity Pathway. **Quarter 4**

CONTEXT MENTAL HEALTH AND VULNERABLE GROUPS

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. The approved Strategy aims to address these key drivers and develop and modernise services in line with increased demand and acuity within mental health services to provide quality care for patients and enhance recovery.

Some 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
- 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 FACTS service
- Development of the perinatal mental health service provision in response to the review of the current service provision at Tonna 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.

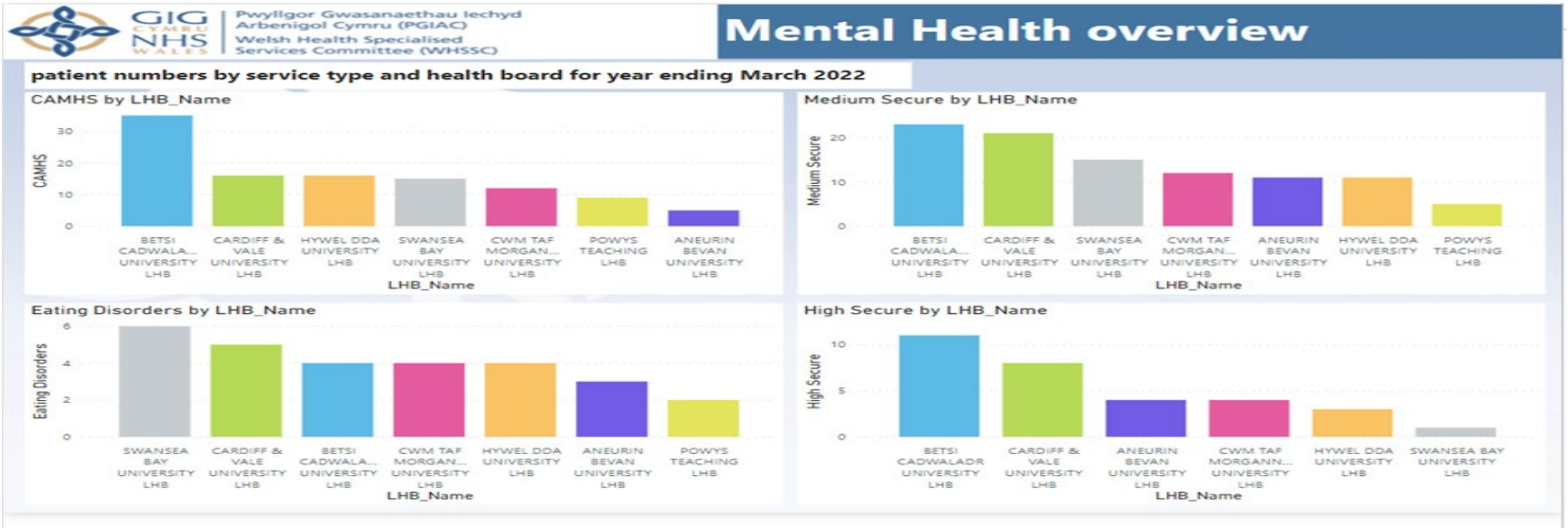
Services are currently commissioned from a number of providers from NHS Wales, NHS England and the independent sector either through contracted arrangements, or via the IPFR process.

The Vulnerable Groups portfolio is a collection of very distinct services, including a combination of new services, non-specialised quality improvement initiatives and services that require multi agency working and or integrated models of care.

CONTEXT MENTAL HEALTH AND VULNERABLE GROUPS

The Welsh Gender Service (for adults) - The service is provided by Cardiff and Vale University Health Board with initial recurrent funding of £500k per year, which has increased to £1.4m following the approval of a 3 phased investment scheme in 2021-22 to increase capacity in the service. A phase 3 funding release is planned in 2023-24 to further build capacity in the Welsh Gender Service and address waiting times.

- **Gender Identity Development Service for Children and Young People—**WHSSC commissions this service through NHS England. The focus for 2022-23 is to provide continuity of gender identity development service for children and young people through alignment with the NHS England Children's Gender Dysphoria (Transformation) Programme. WHSSC will also explore the development of a provider in Wales, lead by Specialist children's Hospital as part of the NHS England provider network.
- Additionally, WHSSC commissions Gender Re-assignment Surgery, commissioned through NHS England, the Forensic Adolescent and Treatment Service and continues to support the development of Traumatic Stress Wales (hosted by WHSSC), that 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). The portfolio will also continue to support Welsh Government to scope, specify and develop new services such as a Gambling Addiction Service and to inform pathways for vulnerable groups such as the development of a health pathway for Syrian and Ukrainian Refugees with complex health needs.



2023/2024 MENTAL HEALTH AND VULNERABLE GROUPS PRIORITIES

VISION : To ensure that there is equitable access to safe, effective and sustainable, Specialist Mental Health services (and other vulnerable groups) for the people of Wales, as close to patients' homes as possible, within available resources

GOALS	METHODS	OUTCOMES
Improve all specialist mental health services for Welsh residents Implementation of Year 1 of the Specialised Services 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. **Quarter 1**
Welsh residents to have access to high quality eating disorder provision. Commission sustainable provision for Eating Disorders	Secure short term provision Options appraisal on future model	Welsh residents have access to high quality eating disorder provision. **Quarter 2**
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)	Establish a programme Commission demand and capacity analysis Assess the impact of commissioning all secure service provision for mental health patients in Wales. Identify lead commissioner	Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system **Quarter 4**
To ensure mothers requiring specialist mental health services have access in a timely way	Implement the findings of the review into the Mother and Baby Unit in Tonna. To work with NHSE on the Mother and Baby Unit for North Wales patients.	Mothers requiring support are able to access this as close to home as possible in a timely manner. **Quarter 4**

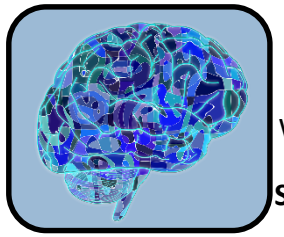
2023/2024 MENTAL HEALTH AND VULNERABLE GROUPS PRIORITIES

GOALS	METHODS	OUTCOMES
To ensure that CAMHs services are available and delivered in compliance with the WHSSC service specification	Scope and make proposals on CAMHs in-patient service provision	Increased access to high quality CAMHs services for Welsh residents. **Quarter 3** No additional cost anticipated following previous recurring WG funding for services during 2021/22 and 2022/23 to meet the requirements of the service spec.
To ensure that Welsh residents have access to non-surgical gender identity services in a timely manner.	Take forward release of agreed financial resource in order to increase capacity in the Welsh Gender Service Continue to monitor and address the waiting list for new and follow up patients.	Increased timely access to appropriately resourced services **Quarter 4**
To commission high quality timely Gender Identity Development services for Children and Young People in Wales.	Seek to secure a regional provider in Wales Manage risk and continuity of service as a result of the signalled termination of service from the Tavistock and Portman NHSFT in NHSE. Continue to represent the interests of welsh residents and NHS Wales through the NHS England Children's Gender Dysphoria Work Programme and Workstreams	Children and young people in NHS Wales have timely access to Gender Identity Development Services **Quarter 4**

2023/2024 MENTAL HEALTH AND VULNERABLE GROUPS PRIORITIES

GOALS	METHODS	OUTCOMES
To formally commission Forensic Adolescent Consultation and Treatment Service (FACTS for Youth Offending Teams (YOTS)	Develop and consult on a service specification for Forensic Adolescent Consultation and Treatment Service (FACTs) advice , guidance and consultation to Youth Offending Team service. (YOTs) Transfer of WG additional 'funding arrangement' to formally commissioned service against the service specification	Children and young people in the Youth Offending Team system have access/increased access to Forensic Adolescent Consultation and Treatment Services **Quarter 2** No additional investment required.
To explore the commissioning of a Specialist Gambling Addiction Service for 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)	Increased access to specialist support for people with gambling addiction across Wales **Quarter 4**

CONTEXT : NEUROSCIENCES AND TRAUMA SERVICES



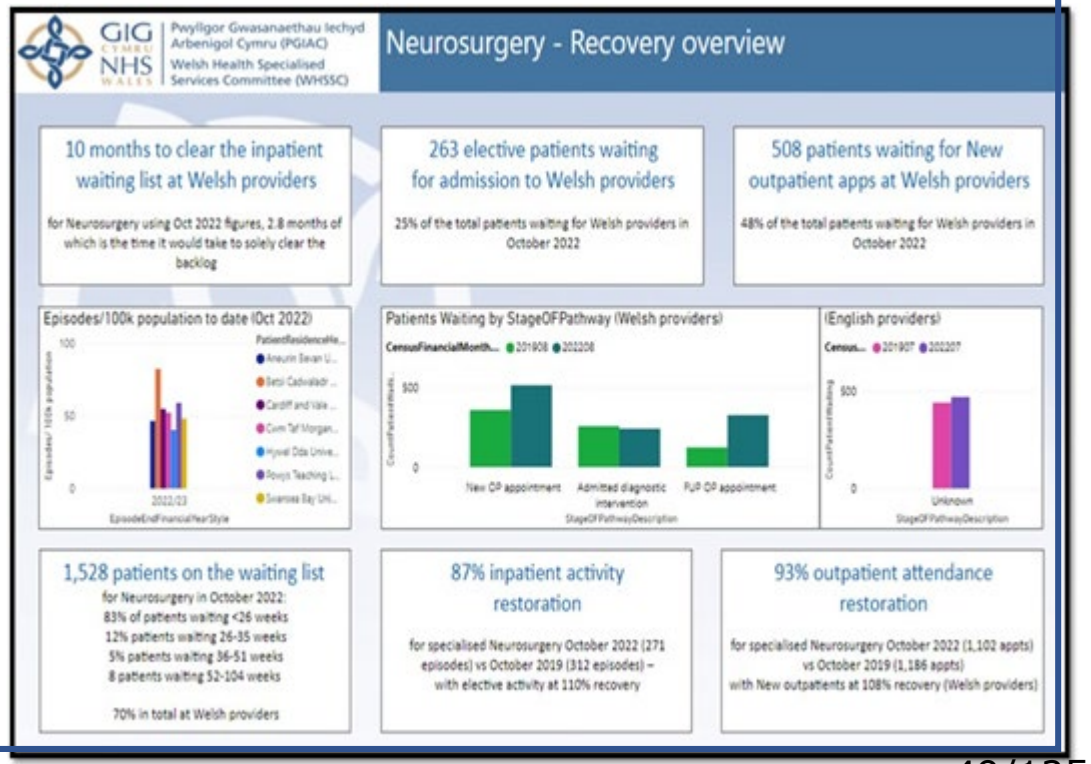
WHSSC commissions Neurosciences and trauma services from a variety of providers Some of the specific issues that the services face are outlined here: -

Specialist Rehabilitation—A number of risks have been identified in the South Wales service in delivering a sustainable service that can achieve BSRM standards, In particular, the workforce is significantly under resourced and subsequently patients cannot access the equivalent level of rehabilitation that is provided in other centres across the UK. Areas for development and improvement include addressing the inequity across the south wales region in the Neuro-rehabilitation service based in Neath Port Talbot. Building on the initial investment of the phase 1 Prolonged Disorders of Consciousness scheme, a phase 2 scheme will ensure the service fully meets the National Clinical Guidelines 2020. Welsh Government have recently updated their All Wales Rehabilitation Framework and guidance 2022, this will be used to inform the process and development of the strategy.

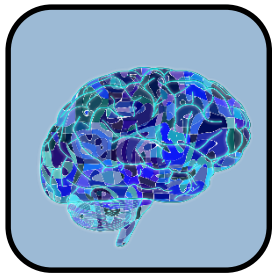
Spinal Surgery Services—Spinal disorders are time critical and cannot have any element of delay or inefficiency built into the system. To strengthen the spinal surgery pathway and to align with other national spinal surgery service providers there is a need to appoint to two Metastatic Spinal Cord Compression Co-ordinators for the south wales region. This will mitigate the risk of patients failing to receive surgical and radiotherapy in a timely manner. It will improve patient outcomes and reduce patient safety concerns.

Cochlear and Bone Conduction Hearing Implants - During 2021/22 a commitment was given to undertake a review of the Cochlear and Bone Conduction Hearing Implants in the South Wales region. Finalising the preferred option and developing the engagement documents was progressed in quarter 1 & 2 2022/23. Approval was received by all affected Health Boards and the commencement of the engagement process was started in October 2022. Following an evidence review, there is an opportunity to commission a new Middle Ear and Bone Conduction Hearing Implant service this will align with the commissioned Auditory Hearing Implant service clinical model.

South Wales Major Trauma Network (SWTN) - The South and mid Wales Major Trauma Network went live in September 2020. WHSSC has the responsibility for commissioning the Operational Delivery Network (ODN), Major Trauma Centre (MTC) and the specialised service elements of major trauma treatment provided by Swansea Bay University Health Board (SBUHB). A peer review undertaken during March 2022, assessed performance against a set of quality indicator standards. There were common themes raised throughout the peer review with further priorities having been identified by the SWTN to progress and be included in the prioritisation process for the ICP 2023-26. These include a Network wide rehabilitation strategy, workforce gaps at the Major Trauma Centre for Paediatrics and Plastics service, development of the Silver Trauma pathways and Digital Informatics systems.

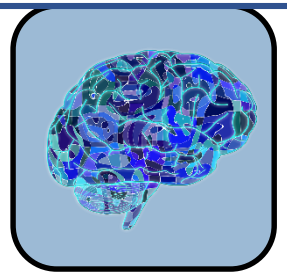


2023/2024 NEUROSCIENCES AND TRAUMA SERVICES



VISION : To ensure that there is equitable access to safe, effective and sustainable, specialist Neurosciences and trauma services for the people of Wales, as close to patients' homes as possible, within available resources

GOALS	METHODS	OUTCOMES
Address the workforce gap with the appointment of a South Wales Network Silver Trauma Clinical lead	Business case to be submitted describing the role as per the CIAG scheme submitted for the prioritisation process	Improved standards of care and developing clinical pathways for patients Clinical guidelines are developed and supported Enhanced outcome assessment and rehabilitation requirements **Quarter 1**
Strategic Development of Digital Informatics Systems for example Major Trauma services	Value based healthcare supporting implementation of clinical systems to deliver robust reporting mechanisms . Business case to be summited.	Design and implement digital systems to improve reporting and integration of national data for trauma audit research network **Quarter 4**
WHSSC to commission a safe and sustainable Specialist Auditory Hearing Service for the population of south Wales which meets national standards.	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. **Quarter 1**



2023/2024 NEUROSCIENCES AND TRAUMA SERVICES

GOALS	METHODS	OUTCOMES
Development of a Specialised Rehabilitation Strategy	Develop project structure Strategy development Strategy implementation plan	Better flow of patients through the clinical pathway Sustainable and equitable service across Wales Achievement of national standards **Quarter 4**
Develop a safe and sustainable Neuro-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 service specification for neuro-rehabilitation Development of a Business Case for workforce investment Agree quality standards to measure and improve patient outcomes and experiences. Development of the Case Manager role to and establishing the Rehabilitation coach posts	Strengthened clinical pathway ensuring timely access to specialised rehabilitation treatment. **Quarter 2**
Enhanced Prolonged Disorders of Consciousness care Pathway (PDOC)	Development of an All Wales service specification for neuro-rehabilitation Development of a Business Case for workforce investment Agree quality standards to measure and improve patient outcomes and experiences.	Robust clinical pathway for patients with Prolonged Disorders of Consciousness that meets national standards and the National Clinical Guidelines (2020) **Quarter 2**
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	Business case development and consideration for two Metastatic Spinal Cord Compression Coordinators 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 NICE Clinical guideline (CG75) **Quarter 1**
Address the Major Trauma workforce gaps, identified in the peer review at the Major Trauma Centre, Cardiff and Vale UHB for the Paediatric and Plastics service	Appointment of key staff to support both specialties as described in the CIAG prioritisation process. Business case to be submitted.	Paediatric major trauma patients receive high standards of care as adult patients , highlighted in the peer review **Quarter 1**

WELSH RENAL NETWORK CONTEXT

Kidney disease affects approximately 10% of the global population with diabetes and hypertension being amongst the commonest causes. The increasing prevalence of such conditions in our communities suggests we are likely to see more Welsh people with kidney disease requiring therapy, including those with mild disease in the community through to those requiring specialist care with dialysis and transplantation.

Kidney Replacement Therapy (KRT) such as dialysis is provided to around 1,400 adult Welsh residents and around 100 kidney transplants are undertaken each year. There are also almost 1,800 Welsh patients living with a functioning kidney transplant, who require ongoing clinical review, psychosocial support and immunosuppressive drug treatments. All forecasts consistently demonstrate that the need for these services for adults will grow by 4-5% year on year.

The Welsh Kidney Network is the vehicle through which specialised renal services are planned and commissioned on an all Wales basis. The Welsh Kidney Network has a budget to commission transplantation including immunosuppressants for renal transplantation, dialysis, vascular access, Erythropoietin Stimulating Agents (ESAs), dialysis transport. With its central management team, the Welsh Kidney Network manages the utilisation of ring-fenced funds on behalf of the WHSSC and in collaboration with the service providers. Additionally the Welsh Kidney Network undertakes innovative improvement projects designed to continually develop kidney services in Wales and enhance the patient experience.

The Welsh Kidney Network also has responsibility on behalf of the Welsh Government for overseeing the implementation of the renal standards (principally by reference to the Service Specifications) by the LHBs for their populations.

WELSH RENAL NETWORK PRIORITIES 2023/2024

VISION :To ensure that there is equitable access to safe, effective and sustainable, Specialist Renal services (and other vulnerable groups) for the people of Wales, as close to patients' homes as possible, within available resources

GOALS	METHODS	OUTCOMES
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. **Quarter 4**
GIRFT Report recommendations as they apply to Wales. The GIRFT report was based wholly on analysis of NHS England dialysis services, but it is recognised that the findings and themes are similar to challenges facing Welsh services.	Partnership approach with NHS England Renal Transformation Programme (RSP) to ensure alignment with best practice.	Best practice and equity of service is maintained with any inequities in workforce across Wales addressed. **Quarter 4**
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. **Quarter 4**
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. **Quarter 4**
Value in Healthcare programme to support the delivery of the Organ Donation and Transplant Plan for Wales.	Utilising a Programme Management Office approach to establish a stakeholder Project Board to deliver the value in Healthcare programme.	Pre-habilitation programme adopted **Quarter 4**

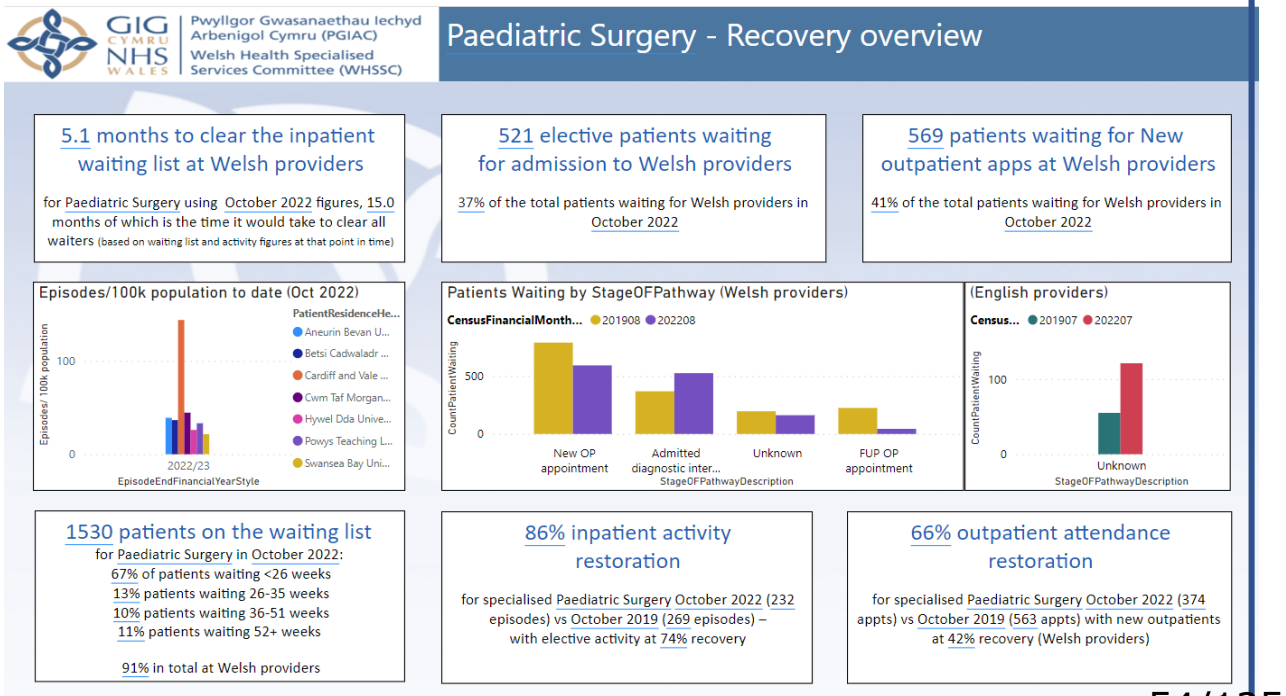
WOMEN AND CHILDRENS : CONTEXT

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, tertiary 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. Children in North Wales mainly access services from Alder Hey Hospital. As of 22/23, the contract value for paediatric Specialised services for the population of Wales is £118m, which is 16.4% of the WHSSC budget. During 22/23, the 5 year commissioning strategy for specialised paediatric services was developed and approved which set out our ambitious approach to improving equitable access to quality services for the children of Wales.

- We are cognisant that the success of the strategy is dependent on its alignment with Health Board priorities in delivering across the whole pathway, as well as co-ordinating actions and implementation with other strategic organisations and their priorities. Throughout the development of the strategy, it became apparent there were a number of **challenges** that needed to be addressed.
- Commissioned Services—The current list of commissioned services has been deemed not fit for purposes with recommendations for WHSSC to take in a number of services in to the remit of WHSSC.
- Commissioning individual elements of services / small services—It was raised consistently that small pockets of funding for part time posts was impacting on the operationalising and therefore the deliverability and sustainability of services.
- Equity of access—There is disparity between waiting times for in-reach and outreach along with access to the full MDT. This is recognised as impacting on the access and timeliness of care for patients across Wales.
- Assurance The current mechanisms for reporting metrics and feeding these back to referring health boards on performance (Key Performance Indicators / Quality Indicators) are not consistent for all commissioned paediatric services, appreciating they will vary for each sub-specialty.

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."



WOMEN AND CHILDRENS PRIORITIES 2023/2024

VISION : To ensure that there is equitable access to safe, effective and sustainable, specialist for the Paediatric population of Wales, as close to patients' homes as possible, within available resources

GOALS	METHODS	OUTCOMES
Commission High Dependency Services for children accessing specialised services	Work with provider to develop a business case Consideration by Implementation Board prior to formal WHSSC process (CDGB / MG)	Reduction in refusal rates monitored through activity **Quarter 3**
Commission Paediatric Infectious Diseases	Work with provider on business case Consideration by Implementation Board prior to formal WHSSC process (CDGB / MG)	Equitable access with equitable waiting times for all patients monitored through activity numbers and waiting times for treatment **Quarter 1**
Review 3 services (TBC by Implementation Board and prioritised according to service risks) in detail to ensure: • Detailed access criteria • Ensure sufficient MDT capacity to meet demand. • Quality indicators in line with the STEEEP Quality Frameworks • Equitable access to high quality in-reach and outreach provision • Contractual arrangement is fit for purpose	Review one service per quarter 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.	Improved access to Paediatric Services for all patients across Wales Equitable waiting times for patients accessing both in-reach and outreach services Sustainable staffing levels that meet the needs of the paediatric Population **Quarter 1-4**
Develop Specialised Paediatric Surgery service specification, ensuring clear access and exclusion criteria	Clinical engagement Clinical workshop Consideration by Policy Group and formal consultation.	• Clear access criteria for specialised paediatric surgery **Quarter 4**

CROSS CUTTING COMMISSIONING PRIORITIES 2023/2024

Throughout the period of this plan, WHSSC will continue to progress a number of cross cutting strategic programmes:

Cross Pathway working –WHSSC and Health Boards to develop plan to identify pathway wide opportunities to reduce cost and/or increase efficiency in either WHSSC or HB cost base – potential areas include:

- Identifying system wide savings from PET increases
- Reviewing savings potential in Home Parental Nutrition pathways
- Identifying system wide savings from mental health pathway functioning across secure; CAMHS and eating disorders
- Improving performance of Welsh CAMHS and medium secure services – better utilisation and reduced out of area placements
- Specialised Psychology Services Review
- Review efficiency and performance of Welsh specialist services provision including comparative cost and contracting mechanisms

Explore re-commissioning opportunities - WHSSC and Health Boards to work together via Management Group processes to:

- Undertake systematic assessment of any opportunities to review access thresholds across the pathway including ability to benefit to improve value for money
- Identify opportunities to reduce or contain activity levels – having due regard to equity, cross border and EQIA risks
- Evaluate investments from last 3 years to test and map delivery benefits and re-target as appropriate
- Reviewing commissioning policies in targeted areas as agreed with HBs

Blueteq— The Blueteq High Cost Drugs (HCD) system was procured for NHS Wales by WHSSC and Welsh Government in 2018 to initially support the implementation of Advanced Medicinal Therapeutic Products (ATMPs) commissioned by WHSSC. The system permits NHS Wales to audit the initiation (and on-going treatment) of HCDs in line with evidence based health technology appraisal recommendations published by NICE and AWMSG. It also supports continuous clinical data collection and evaluation, strengthens financial governance and ensures that there is equitability in accessing medicines across Wales (as eligibility criteria is consistent for all commissioned providers). This system supports greater value for specialised medicines spend in NHS Wales, permitting savings to be invested elsewhere in the system

National Programmes

PET Programme —Following Welsh Government scrutiny and receipt of support from all HBs, ministerial endorsement of the £25 million All Wales PET Programme was confirmed on 25 August 2021. In October 2021, Welsh Government gave a mandate given to WHSSC to take on Programme implementation. A clear programme governance structure is in place and WHSSC reports as necessary through the Joint Committee

Molecular Radiotherapy Programme —is the use of therapeutic radioisotopes given orally or by injection. These solutions can be termed therapeutic radiopharmaceuticals. There are some well-established forms of MRT treatments, such as radioiodine for thyroid cancer and radium for prostate cancer bony metastases. However, the field of MRT is expanding rapidly with at least seven therapeutic radioligands in phase III development, and probably two dozen others further back in the pipeline. It is safe to assume that MRT utilisation will expand considerably over the next few years. In March 2022, a report was submitted to Welsh Government recommending that :

· A national, long-term strategy is required for the safe, equitable, and efficient delivery of MRT in Wales.

· A full strategic review should evaluate all aspects of the existing and future Welsh MRT service.

· This full strategic review should be done on a national basis and include assessment of leadership, commissioning, workforce, facilities, legislation, logistics and permits.

CROSS CUTTING COMMISSIONING PRIORITIES 2023/2024

GOALS	METHODS	OUTCOMES
Increased focus on medicines optimisation	Clear programme of activity Focussed 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
Progress schemes aimed to address value (outcomes)	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
Further progress the All Wales PET Programme: • Installation of a new fixed digital scanner at PETIC in Cardiff; in Swansea and development of a business case to support a new fixed digital scanner in North Wales.	All Wales Procurement of scanners. Identify workforce and training needs Centres of Excellence defined and requirements present at PET sites. Determine radiopharmaceutical supply requirements for the short, mid and long term Baseline the Programme benefits	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
Develop an all-Wales Programme for Molecular Radiotherapy	Establish Programme Arrangements; Consider horizon scanning of new technologies, clinical demand, workforce, facilities, licensing/regulations/permits, radioactive material handling/travel/storage	A clear direction for MRT services in Wales Development of a long term strategy to ensure the safe, equitable and efficient delivery of MRT in Wales
Re-commission Intestinal Failure services as a result of the recent review	Review bed base and costs Review externally provided HPN	Increased access Increased clinical and patient satisfaction
Identify cross pathway opportunities for cost reduction and efficiencies	WHSSC and Health Boards to develop a plan to identify pathway wide opportunities included the Specialised Psychology Services Review	Cost reduction and increased efficiencies
Identify recommissioning opportunities	Undertake systematic assessment to review access thresholds across the pathway Identify opportunities to reduce or contain activity levels – having due regard to equity, cross border and EQIA risks Evaluate investments from last 3 years to test and map delivery benefits and re-target as appropriate Review commissioning policies in targeted areas as agreed with HBs	Cost reduction and increased efficiencies

QUALITY AND PATIENT SAFETY

The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. Quality 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 Commissioning Assurance Framework developed and agreed in 2021 is 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. Through the Framework we will continue to seek Commissioner assurance by:

- Providing an increased focus on identifying patient outcomes,
- Supporting the optimisation of patient benefit and minimising harm,
- Having the potential to influence the patient pathway,
- Supporting effective information systems across the patient pathway,
- Providing assurance on risk and patient prioritisation
- Seeking equitable access to services
- Commissioning feedback on patient experience.

The fundamental principles underpinning Quality 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. Where concerns regarding the quality of services are identified and remedial action is required escalation processes are initiated and acted upon in a timely manner.

To strengthen the focus on quality monitoring and improvement the WHSSC Quality Team have a pivotal role in the co-ordination of quality monitoring and interventions within commissioned services. Internally, we work closely with all the Commissioning teams in order to monitor the quality elements of commissioned services and to contribute to performance management of services and providers.

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QUALITY AND PATIENT SAFETY PRIORITIES

GOALS	METHODS	OUTCOMES
Continue to gain and develop mechanisms for reporting of quality assurance on commissioned services	• Work with Health Boards/Providers to promote engagement and collaboration • Provide feedback at Commissioning Team/ SLA/QPS meetings • Work with other organisations and stakeholders to develop systems and processes to monitor outcomes/quality standards. These includes Digital Health Care Wales, Delivery Unit, Once for Wales and NHS England Improvement Team	Development of quality indicators and quality reporting that is reflective of the commissioned service specifications.
Continue to gain quality assurance and support quality improvement within commissioned services	• Work with Health Boards/Providers to promote engagement and collaborative working in Quality and Patient Safety • Implement and review action plans • Present feedback at Commissioning Team/SLA/QPS meetings	Ameliorated patient experience and outcomes in alignment with the Commissioning Assurance Framework
Identify and address variations in access and outcomes for the Welsh population	• Continue to work closely with Health Board Quality Leads and Patient Experience Teams • Establish and strengthen relationships to enhance outcomes • Continue to monitor variation in access and outcomes for the Welsh population, ensuring services are sustainable with continuous improvement and development • Engage with Patient Support Groups • Action variations in appropriate forums with a clear plan and focus	Equitable access and outcomes for the Welsh population who access specialised services

RESOURCING THE PLAN—FINANCIAL CONTEXT

Once again, this plan for specialised services is being developed in a challenging financial climate with significant forecasted system deficits.

The benchmark comparator uplift for NHSE Specialised Commissioning is 6% recognising high impact/consequence and highly demand driven nature due to last stage of pathways with no effective alternatives

In the constrained economic environment with unprecedented inflation pressures the following planning assumptions have been made:

Risk Sharing	• Current commissioner risk shares remain on pre-Covid utilisation over 2018/19 & 2019/20 • South Wales Neonatal commissioning shares updated for 2019/20 & 2020/21 utilisation as part of Neonatal Cot review
Baseline Assessment and Growth	• Welsh provider baselines are returned to 2019/20 pre Covid contract levels with the assumption system COVID mitigation is removed • English contract baselines reflect migration to integrated care systems and the impact of NHSE transitional 'aligned payment and incentive' framework Cost pressures such as the growth in TAVI activity and Mental Health out of area placements are deemed recurrent • Full year effect of prior year developments and strategy implementation to be reviewed for implementation progress • Independent sector provision inflation significant with RPI > 10% and provider demands >20% • New medicines growth in part mitigated by medicines management optimisation savings
Strategic Priorities & Re- Commissioning opportunities	• Prior year agreed strategic investment for a number of key priorities including secure mental health, major trauma and specialised paediatric services (including neonatal cot reconfiguration) will continue • Re-Commissioning workplan includes Cardiac services review and anticipated disinvestment in commissioned Cardiac Surgery volumes and focus on delivering value, eg reducing mental health out of area placements • Anticipated part year funding requirement for Cardiff & Vale Thrombectomy service as new Strategic Development
Emerging Pressures	• Single Thoracic centre delayed until 2026, sustainability risk of existing two site model
Welsh Government Funding	• Vertex Cystic Fibrosis drugs • Growth in ATMPs above current baseline, potential large no. of products due for NICE appraisal • Growth in genetics test directory above current baseline levels

RESOURCING THE PLAN— WHSSC 2023-24 ICP FINANCIAL SUMMARY

WHSSC ICP Financial Summary 2023/24

Detailed financial information is attached at Annex D. A summary of the 2023/24 position along with a split by Health Board is outlined here:

	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	2023/24 WHSSC Requirement £m	
2022/23 Closing Income	143.575	157.167	130.518	109.913	85.380	31.171	94.639	752.363	
Genomics Alloction Uplift 23/24	0.836	1.125	0.712	0.541	0.602	0.223	0.506	4.545	
2023/24 Opening Income	144.411	158.292	131.230	110.454	85.982	31.394	95.145	756.908	
M7 22/23 - Outturn Forecast	(2.695)	(3.671)	(2.651)	(1.900)	(2.146)	(0.335)	(2.201)	(15.599)	
Reinstate Non Recurrent Writebacks	3.099	3.629	2.600	2.315	2.136	1.034	2.213	17.026	
Adjustments for Non Recurrent Performance	1.963	2.155	1.751	0.751	1.869	(0.187)	2.072	10.374	**2.14%**
Full Year Effect of Prior Approved Commitments	1.078	(0.035)	1.129	0.741	0.630	0.097	0.720	4.359	
B/F 22/23 Underlying Deficit	3.445	2.078	2.829	1.907	2.489	0.609	2.804	16.161	
Unavoidable New Growth & Cost Pressures	1.147	1.130	1.125	0.919	0.621	0.218	0.579	5.740	
Disinvestments & Re-Commissioning	**(2.113)**	**(0.749)**	**(1.509)**	**(1.448)**	**(1.375)**	**(0.383)**	**(1.583)**	**(9.160)**	
CIAG & Prioritisation Schemes	**0.152**	**0.050**	**0.159**	**0.093**	**0.077**	**0.027**	**0.095**	**0.652**	**-0.32%**
Strategic Specialist Priorities	**0.094**	**0.000**	**0.077**	**0.064**	**0.062**	**0.011**	**0.068**	**0.375**	
B/F Deficit, Growth, Savings & Developments	2.724	2.509	2.681	1.536	1.874	0.483	1.962	13.768	**1.82%**
NHS England Provider Inflation - 1.5%	0.293	1.184	0.205	0.200	0.163	0.157	0.175	2.378	**1.29%**
NHS Wales Provider Inflation - 1.5%	1.523	0.950	1.450	1.205	0.964	0.228	1.070	7.391	
ICP Investment 2023/24	4.540	4.643	4.337	2.941	3.001	0.867	3.207	23.537	**3.11%**
Total WHSSC Funding 2023/24	148.952	162.935	135.567	113.395	88.984	32.261	98.353	780.445	
% Uplift Required	**3.14%**	**2.93%**	**3.30%**	**2.66%**	**3.49%**	**2.76%**	**3.37%**	**3.11%**	
WHSSC & HB Shared Pathway Savings Target	**(1.444)**	**(1.583)**	**(1.312)**	**(1.105)**	**(0.860)**	**(0.314)**	**(0.951)**	**(7.569)**	**-1.00%**
% Uplift Required if Pathway Savings Achieved	**2.14%**	**1.93%**	**2.30%**	**1.66%**	**2.49%**	**1.76%**	**2.37%**	**2.11%**	

SUMMARY OF COST SAVINGS AND EFFICIENCIES

Re-Commissioning & Disinvestments	2023/24 £m	2024/25 £m	2025/26 £m
Medicines Management			
New Medicine Optimisation Schemes	(1.000)	(1.000)	(1.000)
Disinvestments			
Recurrent:			
Cardiac Surgery disinvestment C&V	(1.875)	(2.344)	(2.344)
Cardiac Surgery disinvestment SB	(1.395)	(1.744)	(1.744)
Non Recurrent under performance (assume 50% recovery)			
Paeds Surgery C&V	(0.150)		
Plastics SB	(0.700)	-	
Bariatrics SB	(0.090)	-	
Thoracic SB	(0.125)	-	
Thoracic C&V	(0.200)	-	
Renal Activity	(0.150)	-	
Re-Commissioning & Strategy Efficiencies			
Reduction in Neonatal OOA transfers due to SW capacity	(0.250)	(0.250)	(0.250)
Target Reduction in Forensic OOA Placements	(1.000)	(1.000)	(1.000)
Target Reduction in NW CAMHS OOA Placements	(0.250)	(0.250)	(0.250)
Target Reduction in SW CAMHS OOA Placements	(0.500)	(0.500)	(0.500)
Target Reduction in Eating Disorders OOA Placements	(0.500)	(0.500)	(0.500)
Paeds Contract Rebasing through Strategy Service Reviews	(0.250)	(0.500)	(0.500)
Device Optimisation C&V	(0.150)	(0.150)	(0.150)
Device Optimisation SB	(0.150)	(0.150)	(0.150)
Genetics - Repatriate send out tests to in house	(0.250)	(0.500)	(0.500)
WHSSC DRC Budget CRP 5% (office optimisation & agile working)	(0.175)	(0.175)	(0.175)
Total Re-Commissioning and Disinvestment Savings	**(9.160)**	**(8.238)**	**(8.238)**

- Recurrent Cardiac Surgery disinvestment assumes current marginal performance levels are recurrent with a further semi fixed infrastructure cost disinvestment implemented part year.
- A number of non-recurrent under performance assumptions are included.
- No. of schemes are brought forward part year into 23/24 work plan due to revised prioritisation of CIAG and commissioning priorities.

RISKS

- Less likely to be have material slippage in year – reduced ability to cope with unexpected in year pressures from activity movements, exceptional patient care packages and further inflationary issues

- Risk that we are planning not to meet the waiting times targets in plastics and paediatric surgery and reducing ability to outsource – further discussion of Delivery Plans in JC March 2023

- Longer term aim in thoracics is to increase capacity and access - screening uplift will take several years to materialise, but if cancer activity increases in year the contract will over perform
- Bringing forward cardiac issues may require operational change (eg Cardiac MDT arrangements)

WHOLE PATHWAY EFFICIENCY SAVINGS AND COST REDUCTION

In agreeing in principle to the 3.11% resource uplift required by this plan, Joint Committee requested WHSSC work with Health Boards to identify and develop further savings and cost reduction opportunities cross cutting Specialised and Health Board commissioning boundaries. The target for the additional pathways savings is 1% which equates to a reduction against the current uplift of £7.57m

	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	2023/24 Pathway Savings Target £m	
WHSSC & HB Shared Pathway Savings Target	**(1.444)**	**(1.583)**	**(1.312)**	**(1.105)**	**(0.860)**	**(0.314)**	**(0.951)**	**(7.569)**	**-1.00%**
% Uplift Required including Pathway Savings	**2.14%**	**1.93%**	**2.30%**	**1.66%**	**2.49%**	**1.76%**	**2.37%**	**2.11%**	

WHSSC and Health Boards will work together via Management Group processes to jointly develop a programme approach which can quantify and monitor the achievement of these efficiencies against both the WHSSC plan baseline resource where these savings arise in specialised provision and against Health Board IMTPs where the efficiencies and cost reduction is realised within health board commissioned provision.

PATHWAY SAVING THEMES

- Where improved access to specialised interventions leads to efficiencies in health board commissioned provision:
  - **Example**: Access to PET scans providing earlier confirmed diagnosis of conditions leading to most efficient treatment pathway, avoiding other costly secondary care interventions.
  - **Example**: The WHSSC 'Reducing Healthcare Inequality Research' project can demonstrate which cardiac interventions are most effective in reducing post treatment healthcare resources, this is aligned to the emerging growth in TAVI vs conventional Cardiac Surgery review within the Cardiac Commissioning Team workplan.

- Where resources can be re-directed lower down in the pathway to yield savings in Specialised provision:
  - **Example:** Home Parenteral Nutrition feeds and nursing support currently delivered by non NHS provider, an NHS solution to manufacture the feed and develop a community nursing model would be more cost effective.

- Where system wide savings from mental health pathways functioning across Secure, CAMHS and eating disorders services can be mined by removing commissioning boundaries and securing capacity.

- Where systematic assessment of opportunities to review access thresholds across the pathway, including ability to benefit improving value for money and identify any further potential disinvestments.

PERFORMANCE MANAGEMENT APPROACH

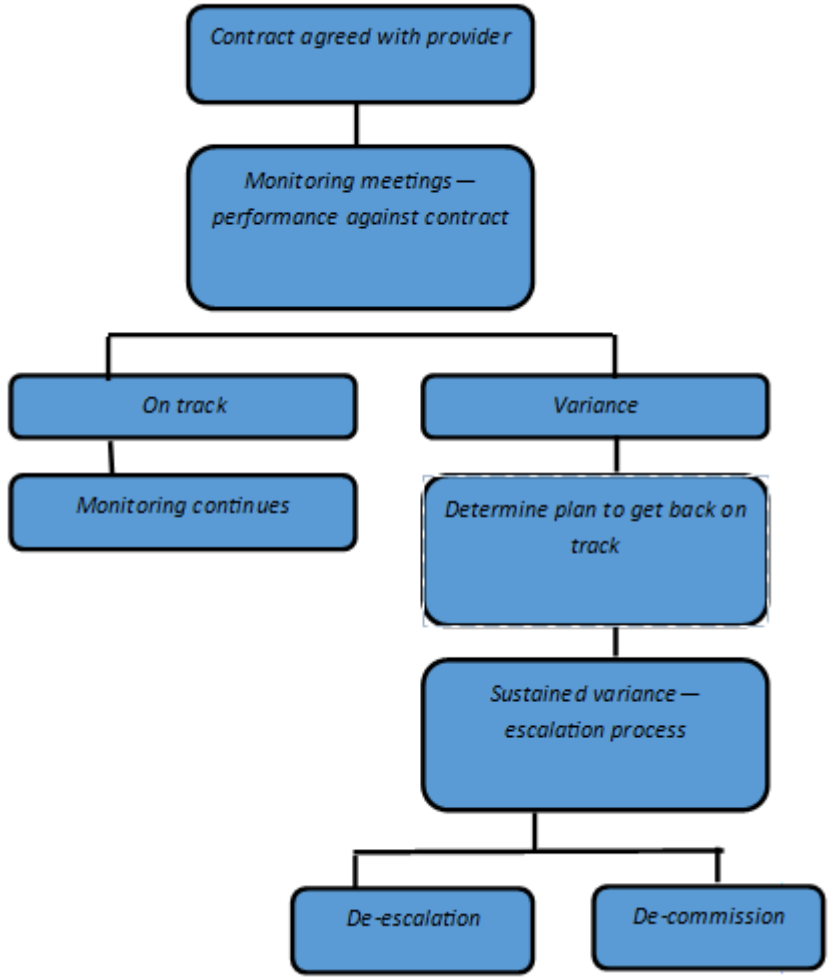
As a commissioner of specialised services from both NHS Wales and NHS England on behalf of the 7 Welsh Health Boards, WHSSC has well established approaches to contract monitoring and performance management, through which it holds providers to accounts against agreed contracts.

£747m Commissioning Budget

45 Contracts

Arrangements were agreed through the Covid pandemic for a relaxation in performance management and contracting arrangements continued to reflect the Recovery status in 2022/23. We have now signalled our intention to move more strongly into normal performance management and contracting arrangements from the outset of this Plan period, as we believe this is in the best interests of Welsh patients for whom we commission specialised services.

Alongside the measures set out in the Ministerial Priorities, WHSSC also works closely with providers to assess performance against contracts, to develop plans to address any variance, and where appropriate to find alternate means of provision (eg outsourcing) where necessary and to ensure that the population needs are met.

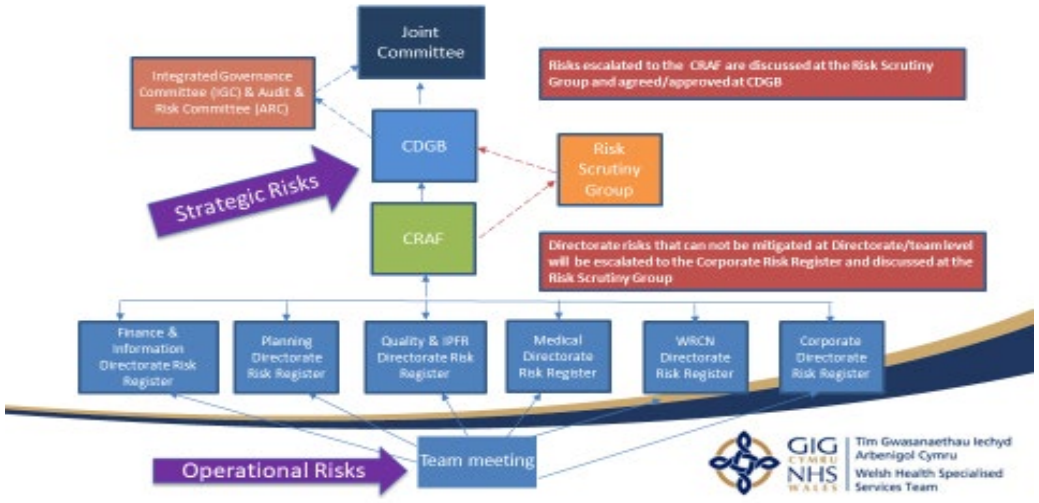


RISK MANAGEMENT

WHSSC's Risk Management Strategy identifies, analyses, evaluates and controls the risks that threaten the delivery of its strategic objectives and delivery of the Integrated Commissioning Plan (ICP). The strategy is applied alongside other key management tools, such as performance, quality and financial reports, to provide the Joint Committee (JC) with a comprehensive picture of the organisation's risk profile.

WHSSC revised its approach to assurance and risk management in April/May 2021 and developed the WHSSC risk management strategy, assessment and scoring to align with the approach undertaken in CTMUHB (our host). The JC agreed the approach, format and content of the Corporate Risk Assurance Framework (CRAF) at its meeting on the 11 May 2021 and receives the CRAF at least twice per year. The in-depth scrutiny and monitoring of corporate risks was delegated to sub-committees in order that they could provide assurance to the JC, through their Committee Update Reports, on the management of its principal risks.

Risk Register Process (Non Commissioning)



The Executive Directors are responsible for reviewing and discussing the commissioning/corporate risks, and agreeing any new risks and the escalation/de-escalation of operational risks that are on directorate risk registers. It is the role of the Executive Directors to review controls and ensure appropriate action plans are in place, which might include the development of corporate risk management strategies to manage risk(s). Effective management of these risks enables the organisation to improve its chances of success and reduce the likelihood of failure.

Any risks identified as scoring 15 and above are captured on the CRAF and are presented to the CDGB for scrutiny on a monthly basis. The Quality & Patient Safety Committee (QPSC), the Integrated Governance Committee (IGC) and the Cwm Taf Morgannwg Audit & Risk Committee (ARC) receive the CRAF at each meeting and the Joint Committee receive the CRAF on a six monthly basis for assurance.

As at December 2022, the top red risks scoring 20 and above are:

23 Access to Care Adults with a Learning Disability

24 Access to care for Children's Learning Disability

29 WHSSC IPFR Governance

33 Welsh Government Priority Delivery Measures

34 Lack of Paediatric Intensive Care Beds

GOVERNANCE, REPORTING & WORKFORCE

Reporting on Plan Delivery

WHSSC has a well-established process for reporting on delivery of the ICP. Reporting on the delivery of the plan is discharged through the Integrated Governance Committee, a sub committee of the Joint Committee as well as via the :

- Quality & Patient Safety Committee (QPSC)
- Welsh Kidney Network (WKN) (previously known as the Welsh Renal Clinical Network (WRCN)

Quarterly reports are developed on the delivery of the Plan and presented to the Integrated Governance Committee for scrutiny and assurance as delegated by Joint Committee . The reports are then submitted to Welsh Government along with the quarterly Minimum Data Set as specified in the Planning Framework.

Workforce and Direct Running Costs

We are relatively small organisation with a stable, highly skilled and experienced workforce. There has been some expansion in the past few years related to internal re-organisation and some investment associated with new service developments commissioned by WHSSC. We have also improved our commissioning capability in areas such as evidence appraisal, policy development, quality management and clinical leadership. The trend of expansion of our commissioning portfolio continues in this ICP period.

We are also moving to becoming a strategic commissioning organisation, with the development of the new Specialised Services Strategy and we will review our organisational requirements as part of the implementation, particularly in the areas of health needs assessment and outcomes management . As we move forward with the ICP 2023/26 we will maintain our agility and continuously review our capacity and capability to deliver our ICP as well as to manage the growth in our Business as Usual activities. Part of the Strategy development also explores our role in developing commissioning expertise and sharing our experience across the system and we will do more work on this in year 1 of the Plan, as well as preparing for the future in the light of the Commissioning Review recommendations when these are known.

We have included a cost improvement target for our direct running costs in our Plan, and are developing plans to meet this through an agile accommodations strategy, maximising the savings benefits of our decarbonisation actions and taking other opportunities that arise in-year.

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 patient 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 dependent 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 tenccytencypacity

- Developing and delivering commissioning 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 services and responsibilities held by WHSSC
- Re-introduction of performance management framework

Finance & Value

- Prudent use of resource—re-commissioning on the basis of reviews/new initiatives/drugs (Ie intestinal failure, neonatal cots, cystic fybrosis)
- Drive forward value based schemes on outcomes and evidence based commissioning and medicines optimisation
- Work with Health Boards to performance manage against contract agreements, whilst cognisant of the challenging financial context in NHS Wales
- Encouraging strong recovery trajectories

Once for Wales

- Shift to strategic commissioning
- Supporting NHS Wales where 'Once for Wales' makes sense
- Developing a National commissioning approach

DECARBONISATION, VALUE AND THE FOUNDATIONAL ECONOMY

Decarbonisation – Within the context of the "Decarbonisation Strategic Delivery Plan for NHS Wales" published in March 2021, WHSSC is committed to reducing the carbon footprint through mindful commissioning of services that take account the decarbonisation agenda, enabling enhanced digital and virtual access for patients, and through ethical consideration of staff actions and behaviours e.g. reduced travel, increased use of virtual engagement and, where feasible, use of electric vehicles. From 2022, all WHSSC policies will have a focus on innovative ways of working including digital and remote clinics to support reducing the carbon footprint.
To deliver the work, WHSSC will:

- Assess savings on carbon footprint as a result of reduced office working
- Assess impact of reduced travel costs
- Assess reduced carbon footprint as a result of increase in remote meetings
- Issue direction through the inclusion of a policy statement in all of our policies on decarbonisation
- Encourage use of electric cars

Value Based Healthcare - WHSSC remains committed to ensuring that specialist services provision in Wales is provided to the highest standard for the most prudent use of resources, and evaluated through the lens of both clinicians and patients, with an aspiration to increase use of measures (PROMS) and patients experience measures (PREMS). In particular the appointment of a medicines optimisation pharmacist and the use of Blueteq, and embedding this across our systems will throughout the period of this plan realise a series of outcomes that will support our move towards value based commissioning.
To deliver the work, WHSSC will:

- Include within WHSSC policies and contractual frameworks the need for commissioned services to collect PROMs and PREMs and report these through existing contract monitoring mechanisms
- Develop the WHSSC outcomes framework and associated processes, testing the approach in 3 service areas
- Work with providers to embed this approach for specialist services provision

Specialised Services supporting the Foundational Economy - Through working in partnership with providers and Welsh Government, over the last decade WHSSC has supported significant investment into moving care closer to home and creating services based in Wales, it is estimated that the £45m revenue investment outlined below has created over 750 high quality and stable employment jobs within NHS Wales, whilst also moving services out of the main specialist centres into more local settings in West and North Wales. WHSSC's ambition is to continue developing services closer to home by creating new services within Wales and repatriating activity from the private sector providers and NHS England where it is appropriate to do so. To deliver the work, WHSSC will:

- Review contracts with a view to delivering within Wales where it is safe and effective to do this
- Through appropriate engagement and consultation develop implementation plans to deliver services as close to home as possible
- Work in partnership with providers external to Wales to deliver more services within Wales where it is not appropriate or possible to deliver wholly in Wales

APPENDICES (to be inserted at most current point prior to submission)

- **A Ministerial Priorities**
- **B Detailed performance report**
- **C Detailed financial plan**
- **D Minimum data set**

APPENDIX A MINISTERIAL PRIORITIES

BARIATRIC	Priority area(s)
Key focus should be on delivering	WHSSC Commissioned Bariatric Surgery
Baseline	Baseline per data submitted by SBUHB @08/11/2022, mindful of longstanding inability of service to deliver commissioned activity levels
Quarter 1:	
Milestones	Milestones to be agreed with service where apposite
Actions	Ongoing WHSSC monitoring of SBUHB bariatric surgery activity, agreeing mediating actions with service in the event of a failure to secure progress towards recovery milestones/RTT standards
Quarter 2:	
Milestones	Milestones to be agreed with service where apposite
Actions	Ongoing WHSSC monitoring of SBUHB bariatric surgery activity, agreeing mediating actions with service in the event of a failure to secure progress towards recovery milestones/RTT standards
Quarter 3:	
Milestones	Milestones to be agreed with service where apposite
Actions	Ongoing WHSSC monitoring of SBUHB bariatric surgery activity, agreeing mediating actions with service in the event of a failure to secure progress towards recovery milestones/RTT standards
Quarter4:	
Milestones	Milestones to be agreed with service where apposite
Actions	Ongoing WHSSC monitoring of SBUHB bariatric surgery activity, agreeing mediating actions with service in the event of a failure to secure progress towards recovery milestones/RTT standards
Risks	Longstanding failure of Health Board to deliver commissioned numbers necessitates a significant step change in performance; impact of concurrent service pressures on theatre space and staff; continued pathway challenges impacting on volume of patients referred to Tier 4 bariatric service.
Outcomes	Delivery of recovery milestones and RTT standards
Alignment with workforce plans	
Alignment with Financial plans	

CARDIAC SURGERY	Priority area(s)
Key focus should be on delivering	WHSSC Commissioned Cardiac Surgery
Baseline	Baseline per submission of revised Cardiff and Vale trajectory data @01/12/2022
Q1 Milestones	Milestones to be agreed with service
Q1 Actions	Ongoing WHSSC monitoring of cardiac surgery activity in CVUHB and SBUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones/RTT standards
Q2 Milestones	Milestones to be agreed with service
Q2 Actions	Ongoing WHSSC monitoring of cardiac surgery activity in CVUHB and SBUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones/RTT standards
Q3 Milestones	Milestones to be agreed with service
Q3 Actions	Ongoing WHSSC monitoring of cardiac surgery activity in CVUHB and SBUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones/RTT standards
Q4 Milestones	Milestones to be agreed with service
Q4 Actions	Ongoing WHSSC monitoring of cardiac surgery activity in CVUHB and SBUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones/RTT standards
Risks	Differential recovery rates between the two cardiac surgery centres; capacity shortfalls arising, for example, from a shortage of scrub staff; need to regularise and standardise an approach to collaborative working across the two centres.
Outcomes	Delivery of recovery milestones and RTT standards
Alignment with workforce plans	
Alignment with Financial plans	

SPECIALIST CAMHS	Priority area(s)
Key focus should be on the delivery	Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and **Specialist CAMHS**
Baseline	Specialist (Tier 4) CAMHS does not currently hold a waiting list
Quarter 1 :	
Milestones	Continue 0 patient waiting list
Actions	Continue contract monitoring
Quarter 2:	
Milestones	Continue 0 patient waiting list
Actions	Continue contract monitoring
Quarter 3:	
Milestones	Continue 0 patient waiting list
Actions	Continue contract monitoring
Quarter 4:	
Milestones	Continue 0 patient waiting list
Actions	Continue contract monitoring
Risks	1 NHS Wales CAMHS inpatient service currently at escalation level 3
Outcomes	Ongoing escalation meetings to support de-escalation
Alignment with workforce plans	
Alignment with financial plans	

NEUROSURGERY	Priority area(s)
Key focus should be on delivering	WHSSC Commissioned Neurosurgery Services
Baseline	Baseline per submission of revised Cardiff and Vale trajectory data @ 01/12/2022
Quarter 1 :	
Milestones	Milestones to be agreed with service where appropriate
Actions	Ongoing WHSSC monitoring of neurosurgery activity in CVUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones / RTT standards
Quarter 2:	
Milestones	Milestones to be agreed with service where appropriate
Actions	Ongoing WHSSC monitoring of neurosurgery activity in CVUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones / RTT standards
Quarter 3:	
Milestones	Milestones to be agreed with service where appropriate
Actions	Ongoing WHSSC monitoring of neurosurgery activity in CVUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones / RTT standards
Quarter 4:	
Milestones	Milestones to be agreed with service where appropriate
Actions	Ongoing WHSSC monitoring of neurosurgery activity in CVUHB, agreeing mediating actions with services in the event of a failure to secure progress towards recovery milestones / RTT standards
Risks	Theatre and bed capacity shortfalls arising due to the Neurosurgery footprint not being reinstated to pre Covid level
Outcomes	Delivery of recovery milestones and RTT standards
Alignment with workforce plans	
Alignment with financial plans	

PAEDIATRICS Key focus should be on delivering	Priority area(s) 52 weeks Outpatient Assessment and 104 weeks treatment recovery milestone to be achieved by 30th June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024
Baseline	*0 patients waiting > 104 weeks for Paediatrics Surgery (inpatient)* *0 patients waiting > 52 weeks for paediatric surgery outpatient appointment*
Quarter 1 :	
Milestones	Continue to achieve zero for both targets.
Actions	Increase activity to ensure maintenance of target.
Quarter 2:	
Milestones	Continue to achieve zero for both targets.
Actions	Increase activity to ensure maintenance of target.
Quarter 3:	
Milestones	Continue to achieve zero for both targets.
Actions	Increase activity to ensure maintenance of target.
Quarter 4:	
Milestones	Continue to achieve zero for both targets.
Actions	Increase activity to ensure maintenance of target.
Risks	Further demands on Children's Hospital including paediatric Intensive Care which will impact directly on core capacity to deliver surgery.
Outcomes	
Alignment with workforce plans	
Alignment with financial plans	

PET	Priority area(s)
Key focus should be on delivering	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their definitive cancer treatment 62 days from point of suspicion
	Role of PET CT
Baseline	*Describe the baseline as of April 2023 from which you will be working* *Each PET provider currently reports against a generic target of 10 working days (i.e. inclusive of patients not on the SCP as well as those on the SCP). Current performance M7. PETIC 82%, SBUHB 44%, BCUHB 90%.*
Quarter 1 :	
Milestones	Commence performance reporting for PET that aligns with the requirements of the single cancer pathway.
Actions	To agree revised performance targets and reporting with the PET service providers to reflect the varying clinical urgency of patients referred for PET. To establish the baseline performance position for the patients on the SCP referred for a PET scan. To agree a profile for improving performance over 2023-26 (taking into account funding with the WHSSC ICP and the timeline for the national PET capital programme that will significantly increase scanner capacity in the second half of the 2023-24 and into 2024-25)
Quarter 2:	
Milestones	Specific milestones will be determined by the action outlined in quarter 1 to develop a profile for improving performance
Actions	To continue to monitor performance in alignment with the agreed targets and WHSSC's performance framework
Quarter 3:	
Milestones	Specific milestones will be determined by the action outlined in quarter 1 to develop a profile for improving performance
Actions	
Quarter 4:	
Milestones	
Actions	

PLASTICS **Key focus should be on delivering**	**Priority area(s)**
	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024
	Plastic Surgery – SBUHB
Baseline	*Describe the baseline as of April 2023 from which you will be working* *Current performance position at M7: forecast to achieve the 52 weeks target for the out-patient by December 2022: not forecast to achieve the 104 weeks target (projecting circa 700 breaches in March 2023).*
Quarter 1 :	
Milestones	Delivery milestones will be agreed with SBUHB to achieve contract levels in the first instance, and to treat the backlog of patients waiting more than 104 weeks with a trajectory to achieve the RTT standard of 36 weeks.
Actions	To monitor the agreed delivery plan and impact on waiting times To monitor the capacity plans to return to, and exceed, pre-covid levels in order to reduce the backlog. To monitor process efficiency measures (such as follow-up rates, treatment rates and validation).
Quarter 2:	
Milestones	See quarter 1.
Actions	See quarter 1.
Quarter 3:	
Milestones	See quarter 1.
Actions	See quarter 1.
Quarter 4:	
Milestones	See quarter 1.
Actions	See quarter 1.
Risks	Risks to delivery (such as theatre staff recruitment and retention) will be monitored. Where delivery of the agreed plan and milestones is at risk, mitigating commissioning options will be explored (such as review of outsourcing opportunities).
Outcomes	The monitoring process will include ensuring there is regular review and communication with patients on the waiting list.
Alignment with workforce plans	Workforce plans are the responsibility of the provider health board. As part of monitoring delivery, underlying capacity plans will also be monitored.
Alignment with financial plans	The delivery plan will be agreed in the context of the resources in the WHSSC ICP 2023-26.

Thoracic	Priority area(s)
Key focus should be on delivering	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion
	Thoracic surgery (component of lung cancer pathway)
Baseline	*Describe the baseline as of April 2023 from which you will be working* Current performance: the thoracic surgery component to the lung cancer SCP should meet the standard that patients are treated within 21 days of the decision to treat. The south Wales services in SBUHB and CVUHB collaborate closely to use their joint capacity to achieve this target through cross referring patients when necessary to ensure timely treatment. Specific data to retrospectively confirm performance against the 21 day target is currently being collated.
Q! Milestones	- Delivery milestones will be agreed with providers if performance is not achieving the component waiting time target of 21 days (while 75% is the overall SCP performance target, the aim for the thoracic surgery component is to achieve/maintain full compliance subject to SCP measurement rules).
Q1 Actions	- To monitor performance of thoracic surgery against the SCP component waiting time for the 3 main providers (CVUHB, SBUHB, LHCH) on a quarterly basis. - Monitor breaches of the component waiting time target and reasons for breaching on a quarterly basis. - Maintain support for the collaboration across the south Wales centres to use available capacity to meet the target and maintain equity for patients with lung cancer.
Q2, 3 & 4 Milestones	- See quarter 1.
Q2, 3 & 4 Actions	- See quarter 1.
Risks	- Risks to delivery (such as theatre staff recruitment and retention) will be monitored. - As noted already, close collaboration across the south Wales centres provides opportunity for mitigation where risks develop in one provider.
Outcomes	- The monitoring process will include performance against the SCP and activity against contracts. WHSSC also intends to hold a thoracic surgery improvement and innovation day in 2023-24 which will include reporting of patient reported outcomes, and clinical and service outcomes.
Alignment with workforce plans	- Workforce plans are the responsibility of the provider health board. As part of monitoring delivery, underlying capacity plans will also be monitored.
Alignment with Financial plans	- The delivery plan will be agreed in the context of the resources in the WHSSC ICP 2023-26.

APPENDIX B DETAILED PERFORMANCE REPORT

The latest performance report can be found in the Joint Committee papers here

APPENDIX C DETAILED FINANCIAL PLAN

Supporting information to table contained within main body of the report to be inserted – following endorsement

APPENDIX D MINIMUM DATA SET

WORKFORCE PLANS - WTE	ACTUAL WTE							
	ACTUAL as @ 31/3/2021	FORECAST as @ 31/03/22	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Plan End 2023/24	Plan End 2024/25
Section 1	**WTE**							
CORE WORKFORCE								
Board Members	5.9	5.9	5.9	5.8	6.2		6.2	6.2
Medical & Dental	2.6	2.5	2.5	3.2	3.2		3.2	3.2
Nursing & Midwifery Registered	1.0	1.0	1.0	1.0			1.0	1.0
Additional Professional, Scientific and Technical	2.1	2.0	2.0	2.3	3.0		3.0	3.0
Healthcare Scientists								
Allied Health Professionals								
Additional Clinical Services								
Administrative and Clerical (inc Senior Managers)	48.0	54.0	54.0	51.3	53.3		54.3	54.3
Apprentices								
Estates and Ancillary								
TOTAL CORE WORKFORCE	59.6	65.4	65.4	63.6	65.7	-	67.6	67.6
VARIABLE WORKFORCE								
Board Members								
Medical & Dental								
Nursing & Midwifery Registered								
Additional Professional, Scientific and Technical								
Healthcare Scientists								
Allied Health Professionals								
Additional Clinical Services								
Administrative and Clerical (inc Senior Managers)								
Estates and Ancillary								
Students								
TOTAL VARIABLE WORKFORCE	-	-	-	-	-	-	-	-

AGENCY/LOCUM								
Board Members								
Medical & Dental								
Nursing & Midwifery Registered								
Additional Professional, Scientific and Technical								
Healthcare Scientists								
Allied Health Professionals								
Additional Clinical Services								
Administrative and Clerical (inc Senior Managers)								
Estates and Ancillary								
Students								
TOTAL AGENCY/LOCUM	-	-	-	-	-	-	-	-

Summary	ACTUAL as @ 31/3/2021	ACTUAL as @ 31/03/22	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Plan End 2023/24	Plan End 2024/25
Board Members	5.9	5.9	5.9	5.8	6.2	-	6.2	6.2
Medical & Dental	2.6	2.5	2.5	3.2	3.2	-	3.2	3.2
Nursing & Midwifery Registered	1.0	1.0	1.0	1.0	-	-	1.0	1.0
Additional Professional, Scientific and Technical	2.1	2.0	2.0	2.3	3.0	-	3.0	3.0
Healthcare Scientists	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-
Administrative and Clerical (inc Senior Managers)	48.0	54.0	54.0	51.3	53.3	-	54.3	54.3
Apprentices	-	-	-	-	-	-	-	-
Estates and Ancillary	-	-	-	-	-	-	-	-
Students	-	-	-	-	-	-	-	-

Section 2	WTE
COVID 19- anticipated absence data (projected by quarter)	

Anticipated sickness rate (%)								
Anticipated COVID 19 sickness (headcount)								
Anticipated Self Isolation (headcount)								
Anticipated Shielding (headcount)								
Section 3	**WTE**							
COVID-19 WTE BREAKDOWN PER PROJECT (Please detail out WTE used in relevant major project that is included in the total workforce above)								
TEST, TRACE & PROTECT								
Administrative, Clerical & Board Members								
Medical & Dental								
Nursing & Midwifery Registered								
Prof Scientific & Technical								
Additional Clinical Services								
Allied Health Professionals								
Healthcare Scientists								
Estates & Ancillary								
Students								
TOTAL TEST, TRACE & PROTECT	-	-	-	-	-	-	-	-
MASS VACCINATIONS								
Administrative, Clerical & Board Members								
Medical & Dental								
Nursing & Midwifery Registered								
Prof Scientific & Technical								
Additional Clinical Services								
Allied Health Professionals								
Healthcare Scientists								
Estates & Ancillary								
Students								
TOTAL MASS VACCINATIONS	-	-	-	-	-	-	-	-
PLANNED AND UNSCHEDULED CARE SUSTAINABILITY								
Administrative, Clerical & Board Members								

Medical & Dental								
Nursing & Midwifery Registered								
Prof Scientific & Technical								
Additional Clinical Services								
Allied Health Professionals								
Healthcare Scientists								
Estates & Ancillary								
Students								
TOTAL PLANNED AND UNSCHEDULED CARE SUSTAINABILITY	-	-	-	-	-	-	-	-
TOTAL COVID-19 RELATED WTE								
Administrative, Clerical & Board Members	-	-	-	-	-	-	-	-
Medical & Dental	-	-	-	-	-	-	-	-
Nursing & Midwifery Registered	-	-	-	-	-	-	-	-
Prof Scientific & Technical	-	-	-	-	-	-	-	-
Additional Clinical Services	-	-	-	-	-	-	-	-
Allied Health Professionals	-	-	-	-	-	-	-	-
Healthcare Scientists	-	-	-	-	-	-	-	-
Estates & Ancillary	-	-	-	-	-	-	-	-
Students	-	-	-	-	-	-	-	-
TOTAL ESTABLISHMENT & BANK ADDITIONAL HOURS	-	-	-	-	-	-	-	-

NET EXPENDITURE PROFILE ANALYSIS	£	PLAN PROFILE														
	ACTUAL 2021/22	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	PLAN YEAR-END POSITION 2022/23	PLAN YEAR-END POSITION 2023/24	PLAN YEAR-END POSITION 2024/25
METRIC	£'000															

MONTHLY SUMMARISED STATEMENT OF COMPREHENSIVE NET EXPENDITURE/INCOME																
Revenue Resource Limit	11,031	100	100	100	100	100	125	(595)	(30)	0	0	0	0	0	0	0
Miscellaneous Income - Capital Donation\Government Grant Income														0		
Miscellaneous Income - Other (including non resource limited income)														0		
Welsh NHS Local Health Boards & Trusts Income	738,837	62,044	60,871	63,199	59,668	62,980	62,441	63,074	63,354	74,085	63,767	63,631	63,842	762,956	805,284	830,396
WHSSC Income														0		
Welsh Government Income														0		
SUB TOTAL INCOME	749,868	62,144	60,971	63,299	59,768	63,080	62,566	62,479	63,324	74,085	63,767	63,631	63,842	762,956	805,284	830,396
Primary Care Contractor (excluding drugs, including non resource limited expenditure) (populated from below)	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	0
Primary Care - Drugs & Appliances (populated from below)	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	0
Provided Services - Pay (populated from below)	4,346	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	4,909	5,130
Provider Services - Non Pay (excluding drugs & depreciation) (populated from below)	1,428	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	1,472	1,518
Secondary Care - Drugs (populated from below)	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	0

Healthcare Services Provided by Other NHS Bodies	707,323	59,526	58,355	60,672	57,154	60,465	59,890	59,823	60,659	71,447	61,085	60,957	61,151	731,184	772,362	796,382
Non Healthcare Services Provided by Other NHS Bodies														0		
Continuing Care and Funded Nursing Care (populated from below)	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	0
Other Private & Voluntary Sector	36,771	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	25,740	26,541	27,366
Joint Financing and Other														0		
Losses, Special Payments and Irrecoverable Debts														0		
Exceptional (Income) / Costs - (Trust Only)														0		
Total Interest Receivable - (Trust Only)														0		
Total Interest Payable - (Trust Only)														0		
DEL Depreciation\Accelerated Depreciation\Impairments														0		
AME Donated Depreciation\Impairments														0		
Uncommitted Reserves & Contingencies														0		
Profit\Loss Disposal of Assets														0		
SUB TOTAL EXPENDITURE	749,868	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	805,284	830,396
TOTAL DEFICIT/SURPLUS	(0)	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	(0)

EXPENDITURE CATEGORY	**£**	**FORECAST PROFILE**														
	ACTUAL 2021/22	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**FORECAST YEAR-END POSITION 2022/23**	**FORECAST YEAR-END POSITION 2023/24**	**FORECAST YEAR-END POSITION 2024/25**
METRIC	**£'000**															

PROVIDER PAY EXPENDITURE ANALYSIS £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive	4,346	354	352	363	350	351	413	392	401	374	418	410	427	4,604	4,909	5,130
New cost pressures														0		
Identified savings (negative value)		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!		
Planning Assumptions still to be finalised (negative value)														0		
OPERATIONAL COST BASE	4,346	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	4,909	5,130
COVID-19 PROGRAMME SPEND (POPULATED FROM 6 - COVID-19 PROGRAMME SPEND																
Administrative, Clerical & Board Members	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical & Dental	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing & Midwifery Registered	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prof Scientific & Technical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Clinical Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Allied Health Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Estates & Ancillary	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PAY EXPENDITURE IMPACT DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET PAY PLAN	4,346	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	4,909	5,130

NON PAY (excluding drugs & depreciation) EXPENDITURE ANALYSIS £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)	1,428	119	119	119	119	119	119	119	119	119	119	119	119	1,428	1,472	1,518
New cost pressures														0		

Identified savings (negative value)		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!		
Planning Assumptions still to be finalised (negative value)														0		
OPERATIONAL COST BASE	1,428	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	1,472	1,518
COVID-19 PROGRAMME SPEND (POPULATED FROM 6 - COVID-19 PROGRAMME SPEND)																
Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PPE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Provider - Non Pay - PPE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON PAY EXPENDITURE IMPACT DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET NON PAY PLAN	1,428	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	1,472	1,518

PRIMARY CARE DRUGS EXPENDITURE ANALYSIS £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)														0		
New cost pressures														0		
Identified savings (negative value)		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!		
Planning Assumptions still to be finalised (negative value)														0		
OPERATIONAL COST BASE	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	0
PRIMARY CARE DRUG SPEND INCREASES DUE TO COVID-19 (populated from 6 - Covid-19 Programme Spend)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET PRIMARY CARE DRUGS PLAN	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	0

SECONDARY CARE DRUGS EXPENDITURE ANALYSIS £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)														0		
New cost pressures														0		
Identified savings (negative value)		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!		
Planning Assumptions still to be finalised (negative value)														0		
OPERATIONAL COST BASE	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	0
SECONDARY CARE INCREASES DUE TO COVID-19 (populated from 6 - Covid-19 Programme Spend)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET SECONDARY CARE DRUGS PLAN	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	0

PRIMARY CARE CONTRACTOR (EXCL DRUGS, INCL NON RESOURCE LIMITED) EXPENDITURE ANALYSIS £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive														731,184		
New cost pressures														0		
Identified savings (negative value)		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!		
Planning Assumptions still to be finalised (negative value)														0		
OPERATIONAL COST BASE	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	0
COVID-19 PROGRAMME SPEND (POPULATED FROM 6 - COVID-19 PROGRAMME SPEND)																
PRIMARY CARE CONTRACTOR EXPENDITURE IMPACT DUE TO COVID-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

NET PRIMARY CARE CONTRACTOR PLAN	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	0

CONTINUING HEALTHCARE / FUNDED NURSING CARE EXPENDITURE ANALYSIS £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value)														0		
New cost pressures														0		
Identified savings (negative value)		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!		
Planning Assumptions still to be finalised (negative value)														0		
OPERATIONAL COST BASE	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	0
CHC/FNC EXPENDITURE IMPACT DUE TO COVID-19 (populated from 6 - Covid-19 Programme Spend)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET CHC/FNC PLAN	0	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	0	0

COMMISSIONED SERVICES EXPENDITURE ANALYSIS £'000																
IMTP/Annual Plan expenditure (plan before COVID-19) (positive value's):																
HealthCare Services Provided by Other NHS Bodies	707,323	59,526	58,355	60,672	57,154	60,465	59,890	59,823	60,659	71,447	61,085	60,957	61,151	#REF!	773,512	797,568
Non HealthCare Services Provided by Other NHS Bodies														0		
Other Private & Voluntary	36,771	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	2,145	25,740	26,541	27,366
Joint Financing & Other														0		
New cost pressures														0		

Identified savings (negative value)		#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!		
Planning Assumptions still to be finalised (negative value)														0		
OPERATIONAL COST BASE	744,094	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#REF!	800,053	824,934
COVID-19 PROGRAMME SPEND (POPULATED FROM 6 - COVID-19 PROGRAMME SPEND																
Healthcare Services Provided by Other NHS Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non Healthcare Services Provided by Other NHS Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Private & Voluntary Sector	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Joint Financing and Other (includes Local Authority)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
COMMISSIONED SERVICES EXPENDITURE IMPACT DUE TO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NET COMMISSIONED SERVICES PLAN	744,094	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#VALUE!	#REF!	800,053	824,934

CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL
BWRDD CYMRU | WALES BOARD

Bwrdd Cynghorau Iechyd Cymuned yng Nghymru
33-35 Heol y gadeirlan
Caerdydd CF11 9HB

Board of Community Health Councils in Wales
33-35 Cathedral Road
Cardiff CF11 9HB

03 February 2023

Dr Sian Lewis
Managing Director
Welsh Health Specialised Services Committee (WHSSC)

Sent via email only to: Sian.Lewis100@wales.nhs.uk

Dear Sian

Specialist Fertility Services: Assisted Reproductive Medicine and Pre-implantation Genetic Testing – Monogenic Disorders (PGT-M)

I write on behalf of the 7 Community Health Councils in Wales about future consultation arrangements with the CHCs and the public in relation to the above change proposals.

It is our understanding that a number of changes are under consideration, some of which will undoubtedly have a substantial impact on access to fertility services. You have summarised those changes for us as follows:

1. Currently those with a BMI >30 kg/m2 are excluded from access to funded IVF. We have extended access to women with a BMI of 30-35 kg/m2 as the likelihood of a successful pregnancy in this group is virtually the same as those with BMI <30kg/m2.

2. Women who reach their 40th birthday during a cycle of treatment will be able to continue on treatment however no women will be accepted for a cycle of treatment after their 40th birthday. This is because current data shows the rate of successful pregnancy is only 11% per cycle of IVF for women between 40 and 41 years and falls further after 41 years of age (Note 1 cycle includes up to 6 separate embryo transfers)

3. The policy applies to couples with fertility problems, and individuals are now outside the scope of the policy.

4. The current policy requires a minimum of 2 years before couples can access specialist fertility services, and this results in significant inequity due to differential access across Health Boards. The proposed policy suggests the removal of the year mandatory wait, resulting in more rapid and equitable access across Wales.

5. That "same-sex couples would have to have 12 rounds of Intra-uterine insemination (IUI) before becoming eligible for NHS-funded IVF treatment". It is important that access to fertility services is not confused with IVF because for both heterosexual couples and same sex couple, IUI is the most clinically effective fertility procedure – NICE recommends 12 cycles of IUI prior to IVF as it has a 75% probability of a successful pregnancy, as opposed to IVF with approximately 30% success rate.

6. Families who carry rare genetic disorders were previously eligible to PGD to conceive 1 unaffected child, the proposed policy increases this to 2 unaffected children.

7. Donor sperm is currently commissioned as part of a cycle of IVF/ IUI treatment, the current policy does not permit known sperm donors who are not partners. The revised policy permits known sperm donors.

8. Donor eggs- currently patients who require donor eggs are required to identify an egg donor themselves. This will no longer

be required, those patients who require donor eggs as part of their fertility treatment will have these commissioned as part of their fertility treatment.

9. Storage of sperm and eggs by cryopreservation- the proposed policy clarifies the position that to gain access to cryopreservation and then ongoing storage, patients must be likely to meet the commissioning criteria for a cycle of IVF treatment. This isn't a change per se but is there to be clear and transparent.

CHCs note that the proposals have already understandably roused concern amongst affected patient groups, with recent negative reporting in the press. CHCs also note that in some of the press reporting it is stated that a public consultation on these proposals is underway.

This is however at odds with your e mail to my office of 27 January 2023 where you advise that this is not a public consultation but a consultation with registered stakeholders, albeit that you have recognised that on this occasion the CHC as a registered stakeholder was not consulted at the outset in error.

Notwithstanding the confusion about what level of consultation is in fact underway, it appears to be WHSSC's position that the proposals do not constitute a service change but form part of the policy development process.

CHCs view is that these proposals do constitute a service change in so far as, if the proposals are passed, a significant number of patients will no longer have access to the services. We should therefore proceed on the basis of our service change protocol and in accordance with the attached guidance.

Our understanding of WHSSCs function is that as a joint committee of each of the Local Health Boards (LHBs) in Wales it commissions specialist services on their behalf, and the policies of this committee

will bind the LHBs, such that the LHB will have no discretion to override the policy once passed by WHSSC.

If a policy change results in service change, as it does in this case (particularly as regards the substantial proposals above at 2,3 and 4 above) LHBs would be bound to implement it without the necessary engagement/ consultation with CHCs on the proposals having taken place.

Importantly, this will also mean that LHBs will not have complied with their obligations to involve the public under Section 183 of the National Health Services (Wales) Act 2006.

We therefore ask that the stakeholder consultation currently underway be suspended to allow CHCs to work with you and local health boards to agree a way forward in line with the NHS Wales guidance for engagement and consultation on changes to health services.

Yours sincerely

J A Thomas

Alyson Thomas
Chief Executive

cc. CHC Chief Officers
LHB Chief Executives
Angela Mutlow, Chief Officer, Board of CHCs in Wales

GUIDANCE FOR ENGAGEMENT AND CONSULTATION ON CHANGES TO HEALTH SERVICES

SECTION 1: INTRODUCTION

1. This guidance replaces the interim guidance on NHS changes and consultation issued under Ministerial Letter EH/ML/016/08 *Shaping Service Locally*, which itself replaced WHC(2004)084). That guidance was prepared to reflect changes since 2004 but was issued on an interim basis, pending the conclusion of the NHS reforms.

2. The most important point in the interim guidance was the emphasis on the need for a new approach to change based on continuous engagement, rather than perfunctory involvement around specific proposals. It indicated that the Welsh Assembly Government would expect organisations in the reconfigured NHS to pay considerably more attention to continuous engagement to ensure that all organisations are responsive to the needs and views of their citizens. That expectation remains.

3. A new phase for the NHS in Wales is beginning and it is clearer than ever that the status quo in the NHS is not an option. A number of studies and policy initiatives presented below make it clear that change is needed if Wales is to have safe and sustainable services that meet modern standards at a time when resources are severely constrained. The NHS structures now in place should make that easier. The new integrated Local Health Boards (LHBs) will be expected to break down traditional barriers and move decisively in the direction of fully integrated health and social care services. The NHS Trusts will also move in this direction. There must be active partnership working with, citizens, staff, staff representative and professional bodies, stakeholders, third sector and partner organisations in developing innovative services for citizens.

4. This new guidance reflects a further rebalancing between continuous engagement and formal consultation, with an even stronger emphasis on the former. The new NHS bodies and reformed Community Health Councils (CHCs) must work together to develop methods of continuous engagement which promote and deliver service transformation for their populations. It is not necessary to consult formally on every change that is required. Some changes can be taken forward as a result of effective engagement and widespread agreement.

5. However, in cases where substantial change or an issue requiring consultation is identified, the NHS should use a two-stage process where extensive discussion with citizens, staff, staff representative and professional bodies, stakeholders , third sector and partner organisations is followed by a focused formal consultation on any fully evaluated proposals emerging from the extensive discussion phase.

Note for readers on terminology: Although the words “involve and consult” appear together frequently in the legislation, the question of when **formal** consultation is required needs further explanation and this is provided later in the document. This document uses the terms “engagement/engage” to mean the continuous involvement of, or informal consultation or discussions with citizens, staff, staff representative and professional bodies, stakeholders, third sector and partner organisations regarding plans or changes. The terms “consultation/consult” are used to describe the more formal, focussed consultation which is to be employed if substantial or controversial changes are under consideration.

SECTION 2: CONTEXT OF THIS GUIDANCE

The legal background

6. Section 183 of the *National Health Services (Wales) Act 2006* requires LHBs, with regard to services they provide or procure, to involve and consult citizens in:

    - planning to provide services for which they are responsible
    - developing and considering proposals for changes in the way those services are provided; and
    - making decisions that affect how those services operate.

    Section 242 of the *National Health Service Act 2006* extends this requirement to NHS Trusts.

7. Under the *Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010*, CHCs are allocated a particular role regarding NHS planning, in essence comprising the right to –

    - be involved by the relevant LHB in the planning of services, the development and consideration of proposals for service changes, and decisions affecting the operation of services and be consulted at the inception of and throughout any planning, development, consideration or decision-making process in accordance with government guidance (Reg. 27(1))
    - be consulted at inception and through the process on any proposal for a substantial development of the health service or for a substantial variation in service (except in creating a new body or where delay might cause harm; in the latter case this must be explained – see section 6 below) (Reg. 27(3,4,5))
    - comment on any proposal consulted on (Reg. 27(6))
    - report to the Welsh Ministers if dissatisfied about the content or time allowed in a consultation, about not being consulted at the inception, about the frequency of involvement throughout the proposal and decision-making process, or about the adequacy of the explanation for not being involved (Reg. 27(7))
    - refer a proposal it believes not be in the interests of the health service in its district to the Welsh Ministers for a final decision (Reg. 27(9))
    - receive information on planning matters from NHS bodies (Reg. 28).

8. The LHBs have strategic responsibility for ensuring safe and sustainable services. It is vital that LHBs and CHCs work together to achieve this across the whole of their area, and for more specialist services across

organisational boundaries, within the resources available. The Regulations establish a framework to help CHCs and the NHS work together in the management of planning issues –

- each CHC must appoint local committees for each local authority area with responsibility for monitoring and keeping under review the planning and provision of NHS services in their district (Reg. 17)
- each CHC has to appoint a services planning committee to liaise with the relevant LHB on the planning and development of, or proposals for changes to, the delivery of health services within the Council's district (Reg. 18)
- the membership of the services planning committee must include the director or directors who have responsibility for the planning of services for the LHB (Reg. 18(c))
- the LHBs and CHCs are required to meet each other on a regular basis (Reg. 30)
- the CHC has to consider any proposed new service or service change within the context of current priorities, resources and governance structures as notified to it by the Welsh Ministers (reg. 26(2)(b)); this will help ensure that consideration takes place in the light of the broader background.

The policy context

9. A number of studies and policy initiatives have reinforced the conclusion that the status quo in the NHS is not an option:

    - work done on preparing a Five-Year Service, Workforce and Financial Strategic Framework for NHS Wales clearly indicated the need to shift the balance from secondary to community and primary care and develop integrated models of health and social care;
    - this was strongly reinforced by the strategy document *Setting the Direction*, which set out the Primary and Community Services Strategic Delivery Programme for Wales;
    - responding to a wide spectrum of evidence and issues, the *Rural Health Plan* signals the need for fundamental change to the approach to providing healthcare in rural parts of Wales;
    - services will need to reflect developing requirements around the training of clinical staff and emerging evidence on what constitutes best practice, and the need sometimes arises to reorganise services across a wider geographical area;

- the *1,000 Lives Plus* initiative puts quality of care at the top of the agenda and the need to root out harm, waste and unjustified variation across the NHS;
- the financial outlook re-emphasizes the need to accelerate the development of partnership working particularly in the public sector and the importance of harnessing the challenge to 'adopt or justify' (accepting best practice or proving its irrelevance) as the basis for driving innovative service improvement and change.

10. In the light of these challenges, a new approach is necessary.

SECTION 3: GENERAL PRINCIPLES IN MANAGING SERVICE CHANGES

The interlocking responsibilities of the NHS and CHCs

11. The NHS is responsible for ensuring that safe and sustainable services are available for the citizens of Wales, within the resources made available by Government.

12. In a number of areas, the NHS has struggled to maintain safe and sustainable services, even with resources which grew year on year. This task will become much more difficult in the years ahead. This is not just a financial issue; junior doctor recruitment, demographic change, new drugs and technologies rising expectations and a range of other factors all combine to present significant challenges for the NHS.

13. The NHS must be more innovative and be able to transform services quickly. Service change must be evidence-based, aim to achieve the best levels of performance and be supported and led by clinicians.

14. CHCs represent the interests of the public in the health service in Wales. The need to secure safe and sustainable services and access for all to best practice within available resources is equally of concern to the NHS and its users and something which CHCs must work with the NHS in Wales to achieve.

15. CHCs must therefore work with LHBs and Trusts to develop continuous methods of engagement which promote and deliver service transformation for citizens.

Overarching Principles for the NHS and CHCs

16. When considering service changes, therefore, a number of principles should apply. Some are the primary responsibility of the NHS, others of the CHCs.

17. When managing service changes, an NHS body should:
    - engage with citizens, staff, staff representative and professional bodies, stakeholders, third sector and partner organisations at the earliest opportunity when it is considering service changes
    - ensure safe and sustainable services can be provided/maintained within available resources
    - communicate, explain and listen to views from across the LHB area
    - set out a clear rationale for change, supported by a clinical case which demonstrates the benefits of change and the risks of remaining the same and where possible, identify and seek views on options which could deliver the required outcomes

- provide relevant information including financial information on a proposed change to enable the CHC to carry out informed scrutiny of the proposal
- provide equality impact assessment/screening information on the proposal
- consider and offer feedback on alternative courses of action proposed by the CHC, citizens, stakeholder groups, advisory forums or partner organisations which could deliver the required outcomes
- ensure a reasonable timescale for comments, their consideration and responding to those who participated and the community more widely about the decision or outcome
- take urgent action if services are unsafe/unsustainable and present a risk to patients, and explain why it needs to act rapidly and the consequences of failing to do so
- In the case of WAST and Velindre NHS Trusts, liaise with the Board of Community Health Councils on appropriate arrangements around continuous engagement and service change.

18. In dealing with service changes, a CHC should:

- carefully consider service change proposals and assess their benefits and risks to the community as a whole as well as particular groups
- work with the NHS body to seek views and foster debate
- take a strategic and “whole system” view of change proposals, and consider whether they are in the best interests health services
- work with the NHS to address major and immediate concerns about safety and sustainability where urgent action is needed
- ensure that objections to change proposals are based on sound arguments in terms of how safe and sustainable services can be provided from within available resources
- propose alternative solutions for providing/maintaining safe and sustainable services within available resources
- recognise that maintaining status quo is not an acceptable response if safe and sustainable services cannot be maintained within the available resources
- In its dealings with NHS bodies on such issues of sensitivity, recognise the importance of due governance, including maintaining confidentiality, in line with the requirements set out in the CHC Member Code of Conduct. .

19. Both for continuous engagement and in regard to specific consultations, NHS bodies must ensure that all local interests are addressed, and that responsibilities with regard to equality and diversity and the Welsh Language are met, including impact assessment. Arrangements should address all geographical areas, cultural and linguistic needs and also ensure the involvement of children and young people. In addition, NHS bodies should also meet their responsibilities with regard to sustainable development and the Wales Spatial Plan.

SECTION 4: CONTINUOUS ENGAGEMENT

20. Continuous engagement on services must be part of the core business of the NHS in Wales. The NHS must establish and sustain continuing engagement with citizens, staff, staff representative and professional bodies, stakeholders, third sector and partner organisations not only when changes are at issue, but also on a routine basis. It should give people the opportunity to understand its aspirations and achievements, and the challenges it faces, and to influence decisions about changes in direction and specific services developments. This should help it to provide relevant, high quality services, services that the public want and value.

21. The NHS should only seek to implement planned changes when it is satisfied that they have explored the issues first through effective engagement. This approach should be central to the development of health services. Resourcing and supporting this process along the various stages should be viewed as an integral part of the work of the NHS in Wales. A key aim must be to ensure the promotion of equality of opportunity of involvement, and NHS bodies must apply their efforts to achieve this.

22. All NHS bodies should develop a strong public information and engagement approach, based on transparency, evidence, and positive leadership. As paragraphs 7 and 8 above make clear, there is a strong requirement for the NHS and CHCs to work closely together in promoting effective engagement. A lead officer for citizen engagement should be identified by each LHB and Trust. LHBs and Trusts dealing with cross-border services will need to consider how best to manage issues relating to neighbouring areas including England.

23. Services will be better designed and more acceptable to citizens if their views are understood and taken into account. Listening and responding is the key to improving and developing healthcare services. NHS bodies should routinely:

    - listen to citizens' views
    - work with citizens, stakeholders and partner organisations to plan and frame any changes
    - explain and communicate effectively issues and opportunities; and
    - produce a full range of easily accessible information on services and possible future developments, in a range of formats, taking into account the opportunities offered by new media and also utilising engagement avenues provided by other agencies.

24. The third sector can make a particularly important contribution to effective engagement. Services provided by illness/condition-specific organisations help people to engage with their care on a better-informed basis. Self-help groups, such as carers groups, and support groups for people who may have a rare condition and feel isolated from mainstream services, address

health issues in communities. Many voluntary organisations are therefore able to identify and represent the views and priorities of users and carers and provide a direct link with service users across a range of conditions. In shaping services locally, it is important that the LHB has a Local Compact with the third sector and that it is involved and engaged routinely and, when changes are considered, is enabled to bring its contribution and to support an enhanced role for citizens in the decision-making process. The Welsh Assembly Government will expect that NHS bodies will link into the Building Strong Bridges Health and Social Care Facilitators, as well as local and national third sector health and social care networks. CHCs are also encouraged to make these important links to the third sector.

25. Healthcare Inspectorate Wales will monitor the effectiveness of NHS bodies in light of the requirements set out above in taking forward their involvement and consultation responsibilities as part of its regular reviews, paying particular attention to equality of opportunity of involvement. When HIW reviews the annual self-assessments that LHBs undertake against the standards for health services in Wales, it will, as part of its routine checks, review the responses in respect of engagement to see the extent to which the LHBs have complied with this guidance. HIW will ensure that suitable action plans are in place, where necessary, to ensure continuous engagement is maintained.

26. HIW will work with the CHCs to ensure there is a common understanding of the expectations of continuous engagement.

27. LHBs will share good practice, assessment tools and performance measures to help improve the effectiveness of continuous engagement.

SECTION 5: SUBSTANTIAL CHANGE

Considering changes

28. Section 4 outlines the continuous engagement that must take place whether or not any changes are being proposed, and sets out the expectation that that this will be the normal mechanism through which service changes are taken forward.

29. Alongside this, NHS organisations must also manage the relationship with and pay due heed to the statutory right of CHCs to consider change proposals. This is particularly important in determining whether a change should proceed to more formal consultation – i.e. the second stage mentioned in paragraph 5. In considering change proposals, it will be important for CHCs to take into account the views expressed by the advisory mechanisms established by the NHS Reforms (Stakeholder Reference Group; Professional Forum and Partnership Forum)

30. Not all changes will automatically proceed to formal consultation. As indicated above, most issues should be dealt with through the process of continuous and effective engagement and every effort should be made to reach agreement resulting from that process.

Formal consultation

31. There may be some cases where, exceptionally, the view is that a more formal consultation is required. A key issue to be determined as to whether formal consultation is required is whether the change is substantial or not. In general substantial change should be the subject of formal consultation though it may not be appropriate where the proposal is not controversial. It may also be appropriate that a change, although not substantial, ought to be the subject of formal consultation. LHBs, with their CHCs, should develop a local protocol for dealing with this. It is expected that staff who lead on citizen engagement will work closely with their counterparts in other LHBs and the Trusts to promote consistency in dealing with such cases. As part of this analysis, the CHC and other stakeholders, in assessing proposals and participating in discussions about consultation, should be conscious of the potential to compromise the LHB's ability to maintain a full service for the whole population it serves.

32. Where it appears likely that a formal consultation could take place, it is proposed in future that this should be conducted on a two stage basis. The first stage is for NHS organisations to undertake extensive discussion with all the key stakeholders, to include:

    - the Stakeholder Reference Group
    - the Professional Forum
    - the Partnership Forum
    - the Community Health Council

- the Local Service Board
- staff and their representative bodies
- other key partners as appropriate.

33. The purpose of these discussions will be to explore all the issues, to refine the options and to decide and agree on which questions will be set out in the consultation. Only when it is satisfied that this first stage has been properly conducted, should the NHS organisation proceed to formal consultation.

34. Following the first stage described above, a formal consultation period of a minimum of 6 weeks should be sufficient in most cases if the issues have already been fully explored during the first stage and if the CHC agrees.

35. A number of issues should be considered right at the start, because they will impact on decisions to be taken at various stages throughout the formal consultation process. These include:

    - what is the respective responsibility of each of the local NHS organisations?
    - has there been any previous consultation carried out on the same or a previous related or similar issue, e.g. for local authority services?
    - who should be consulted, on what and how?
    - will these issues affect users of other NHS services in particular those with sensory loss and disabilities?
    - are there issues affecting other Welsh or English areas?
    - what resources are needed and available?
    - how will any conflict/complaints be dealt with?
    - how will the outcome feed into the decision making process?
    - when and how will decisions be made?
    - how will results be fed back to patients, staff and citizens who have been involved, either directly or indirectly? will they be published through the media to inform a wider public?
    - what evaluation of the consultation is going to be undertaken, and how?
    - when to complete a full equality impact assessment
    - what is the timetable for both the involvement and consultation process?
    - what is the impact on associated services?

36. In managing the process, the Welsh Assembly Government will expect that:

    - senior clinicians will take a lead role in presenting and supporting the proposed change;

- the NHS body leading the consultation will work in partnership with its counterparts in other local NHS bodies
- NHS bodies will invest sufficient resources to manage the process from start to end effectively, openly and transparently; and
- the Local Service Board partners will be fully involved to ensure that proposals are seen and addressed within the context of the "whole system" of public service provision.

37. Consultation documents should:

- explain why change is necessary and provide clear evidence;
- include a clear vision of the future service;
- explain the consequences of change or of maintaining the status quo, on quality, safety, accessibility and proximity of services
- include information on outcomes for patients and service users;
- in the case of changes relating to hospitals, demonstrate how services will in future be provided within an integrated service model;
- set out clearly evidence for any proposal to concentrate services on a single site;.
- include the evidence of support from clinicians for any proposed change;
- in the case of changes prompted by clinical governance issues, show how these have been tested through independent review;
- show which options were considered during the engagement phase - the NHS needs to ensure that, if a preferred option is specified, this will not be seen as a 'fait accompli';
- explain any risks and how they will be managed;
- give a clear picture of the financial implications of the different proposals;
- spell out who will be affected by the proposed changes and how their interests are being protected;
- explain how any change and benefit will be evaluated after implementation;
- be available in a range of formats, such as "Easy Read", large print, Braille and BSL or audio;
- be signed off by the Board
- set out how sustainable staffing levels are to be achieved.

38. The NHS body should develop media contacts and work with them to explain the changes and their impact in ways in which citizens will understand. The process of consultation should be genuine and transparent. There should be an open discussion with citizens, NHS staff,

staff representative and professional bodies, stakeholders, third sector and partner organisations right through the process.

39. The NHS body planning consultation should seek the views of opinion formers and the leaders within the community such as Assembly Members, local and community councillors, patient groups, professional organisations and relevant voluntary groups and those who may be affected by possible changes.

40. Individually and collectively, the primary task of CHCs is to assess the impact of proposed changes on health services not to take a partisan role. If a CHC considers that there are other options to the proposal to be consulted upon by the responsible NHS body it should inform the NHS body at the earliest stage. The NHS should provide assistance to the CHC in considering such options.

41. At the end of the consultation period, the CHC should have the opportunity to consider all comments received and record its own observations on them.

42. If the CHC agrees to the proposals in the consultation, the NHS body may proceed to implement its proposals subject to any other approvals or consents that may be required. The Welsh Assembly Government, local Assembly Members, the local council(s) and local Members of Parliament should be informed of this and a notice inserted in the local press informing the public that the proposals are to be implemented following CHC agreement. In normal circumstances it is considered that this stage should be reached within 4-6 weeks after the end of the public consultation period.

43. Where a CHC is not satisfied that proposals for substantial changes to health services would be in the interests of health services in its area or believes that consultation on any such proposal has not been adequate in relation to content or time allowed, it may take further action as set out in Section 7 below.

44. NHS bodies should consider with CHCs how well the consultation process worked and whether it met the expectations of those who participated in it. They should assess this against the measures identified at the planning stage. They should also give feedback to stakeholders about the results of consultation.

SECTION 6: URGENT SERVICE CHANGES

45. As indicated in paragraph 7, special arrangements apply where an NHS body believes that a decision has to be taken on an issue immediately in the interests of the health service or because of a risk to the safety or welfare of patients or staff. In such a case, the relevant NHS body may not be able either to engage or consult but has to notify the CHC immediately of the decision taken and the reason why no consultation has taken place (Reg. 27(5,7(d))).

46. If this occurs, good practice is that:

- the NHS body must make every attempt to inform all relevant interests of the new arrangements prior to the change;
- the NHS body must provide information to the CHC about how patients and carers have been informed about the change to the service, and what alternative arrangements have been put in place to meet their needs as part of good practice; and
- the service provider must initially lead all discussion and action.

47. If dissatisfied with the reason given for not undertaking a formal consultation, a CHC may report in writing to the Welsh Assembly Government which may require the NHS body to carry out a consultation, or further consultation with the CHC, as it considers appropriate. These arrangements apply whether the case is one of substantial change or not. Where further consultation is then required, the relevant NHS body shall, having regard to the outcome of such consultation, reconsider any decision it has taken in relation to the proposal in question. Only CHCs have this right to refer matters to the Welsh Assembly Government; procedures to be adopted in such cases are set out in Section 7 below.

48. To avoid difficulties arising over such emergency decisions, NHS bodies should take precautionary action as follows:

- contingency plans should be prepared for services viewed as at high risk and shared at an early date with relevant NHS organisations, the CHC (where such matters should be discussed at the Services Planning Committee on a “forward look” basis), the County Voluntary Council (for the third sector), the local Partnership Forum and the local authority where relevant; all contingency plans should have a risk assessment undertaken for options; and
- information that services may be at “high risk” should be shared with the relevant CHC(s), LHB(s), County Voluntary Council, the local Partnership Forum and the local authority where relevant at the earliest possible stage; risk analysis should be comprehensive and weighted appropriately.

49. In responding to unforeseen service change the LHB and/or Trust should take urgent steps to bring the change process in line with the

requirements that normally apply and put in place a comprehensive consultation process. The expectation would be that service changes should be dealt with as public business on the Board agenda of the relevant NHS body where a report on the change and its impact should be given and on any actions planned to mitigate any potential adverse impact.

SECTION 7: OBJECTIONS BY CHCs

50. It is important to state at the outset that the power of referral to the Minister should not be used lightly. Local resolution must be sought wherever possible.

51. If the CHC is not satisfied that —

    (a) engagement or consultation on any proposal has been adequate in relation to content or time allowed; or
    (b) engagement or consultation on any proposal has been adequate with regard to a CHC being consulted at the inception of any such proposal; or
    (c) engagement or consultation on any proposal has been adequate in relation to the frequency with which a CHC is consulted throughout the proposal and decision-making process; or
    (d) in a case where an health body has, in the interests of the health service or because of a risk to safety or welfare of patients or staff, taken a decision without allowing for engagement or consultation, the reason given by the relevant health service body are adequate,

    it may report to the Welsh Ministers in writing and the Welsh Ministers may require the relevant Welsh NHS body, and request the relevant English NHS body to carry out such engagement or consultation, or further engagement or consultation, with a CHC as they consider appropriate (reg. 27(7)).

52. If the CHC has an issue under paragraph 49 above, it should in the first instance submit a constructive and detailed response to the relevant NHS body. The NHS body should extend to the CHC all reasonable assistance in formulating a response. The NHS body should formally and fully consider the objections raised. Only if no agreement can be reached, and the CHC maintains its objections, should the matter be referred to the Minister.

53. Where further engagement or consultation has been required under paragraph 49, the relevant Welsh NHS body must, having regard to the outcome of such engagement or consultation, reconsider any decision it has taken in relation to the proposal in question.

54. In any case where a CHC considers that any proposal under consideration would not be in the interests of health services or service users, it may report to the Welsh Ministers in writing and the Welsh Ministers may make a final decision on the proposal and require the relevant LHB to take such action, or desist from taking such action, as the Welsh Ministers may direct (reg. 27(9)).

55. In such a case, the CHC should in the first instance submit a constructive and detailed response to the relevant NHS body. The NHS body should extend to the CHC all reasonable assistance in formulating a response.

The NHS body should formally and fully consider the objections raised. If the original proposals are modified to meet CHC objections, there is no need for the NHS body to engage or consult again on the modified proposals. The proposal may then be implemented. Only if the matter remains unresolved and the CHC remains dissatisfied with the consulting body's response to its objections, should the matter be referred to the Minister.

56. In referring a matter to the Minister, the CHC should make clear the grounds on which it has reached its conclusion. Where an objection is made to the Minister by a CHC, a copy of the letter to the Minister must be provided by the CHC to the NHS body responsible for the consultation and to the Chief Executive of the NHS.

57. These referral powers relate only to engagement and consultation with CHCs by the NHS and not to engagement and consultation with other stakeholders. Section 183 of the *National Health Services (Wales) Act 2006* in relation to LHBs and section 242 of the *National Health Service Act 2006* in relation to NHS Trusts require more wide-ranging involvement and consultation, but there is no referral power in relation to that wider duty.

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

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Alyson Thomas
Chief Executive
Board of Community Health Councils in Wales
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CF11 9HB
Via email to: enquiries@waleschc.org.uk

7 February 2023

Dear Alyson,

Re: WHSSC Specialised Services Commissioning Policy CP37: Pre-implantation Genetic Testing - Monogenic Disorders for Welsh residents
WHSSC Specialised Services Commissioning Policy CP38 - Specialist Fertility Services: Assisted Reproductive Medicine for Welsh residents

Thank you for your letter of the 3 February 2023. We understand why you have raised these concerns and are as a result taking further legal advice. As we discussed in our recent video call we believe that clarifying the legal position is extremely important given the implications for policy development within the wider NHS. For example our approach to policy development and update is directly modelled on that of NICE and NHS England. In addition policy development within NHS Wales such as the Welsh Government 'Interventions Not Normally Undertaken' (INNU) Policy and Health Board Musculoskeletal Pathways as far as we are aware did not go through public consultation.

The points you raise relate to the interpretation of public law and as I have said we are seeking further legal advice regarding this complex area. It may be relevant, however, to point out that we did take both ethical and legal advice prior to the consultation. The implications, if your interpretation is correct, is that all future NHS Wales policies that change patient access to any treatment (including NICE technology appraisals) would require public consultation.

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With regards your request that we pause the consultation we are reluctant to do so in advance of that legal advice for a number of reasons:

- In doing so we go outside of our policy update process [https://whssc.nhs.wales/publications/corporate-policies-and-procedures/cpl-025-policy-for-policies-v20-final/] and therefore risk future challenge regarding this policy development process
- The consultation is open for another 3 weeks therefore there are no decision points or stop points in the immediate future which need to be avoided
- We disadvantage stakeholders who have developed their consultation responses and are ready to submit

I realise you may be disappointed that we have not suspended the process but I hope you understand our rationale and will be reassured that we will do so immediately if our legal advice supports that position.

Yours sincerely,

Dr. Sian Lewis
Managing Director

Cc Nicola Johnson Director of Planning WHSSC
Professor Iolo Doull Medical Director WHSSC
Dr Andrew Champion, Assistant Director of Evidence Evaluation WHSSC
Jacqueline Evans Board Secretary WHSSC

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TransVision Cymru
c/o Bryn Y Deryn & Carnegie Centre
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CF14 3HS

3rd of February 2023

Dear WHSSC Joint Committee members,

TransVision Cymru advocates for Equality and Social Justice for Trans children, young people and their families in Wales

We, the undersigned, write to you to express our concerns that there is a generation of young people within Wales being denied access to appropriate healthcare within the NHS.

We are calling on Welsh Government to:

1. **Urgently address and resolve the current inequalities with provision of and access to health care services by children and young people in Wales experiencing 'gender incongruence'.**

The Health and Care Act 2022 confirms the core purpose of the NHS is to provide good-quality health care to all and to **reduce** inequalities. It is the role of the Welsh Health Specialised Services Committee (WHSSC), with the combined responsibility of Welsh Government, to ensure that the population of Wales has fair and equitable access to the full range of specialised services.

In December 2022 lawyers in the High Court argued that NHS England is acting unlawfully in failing to tackle the years long delays faced by transgender patients in accessing treatment. During this hearing Mr Justice Chamberlain was given evidence that young people seen at the Tavistock and Portman NHS Trust in May 2022 had waited an average of 152 weeks, almost three years, for a first appointment after being referred.

There is increasing concern for the health and wellbeing of a generation of transgender youth in Wales unable to access treatment and support, as Welsh Government and NHS Wales continue to be dependent on NHS England to commission vital healthcare services to support our children and young people with 'gender incongruence' in Wales.

In late 2020 the Care Quality Commission (CQC) carried out a focused inspection of the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Foundation Trust. Their Report, released in January 2021, found the NHS services available for young transgender people to be 'inadequate' and 'unacceptable'.

At the time, a Welsh Government spokesperson is quoted to have said *"NHS Wales works very closely with NHS England on how to best meet the needs of children and young people with gender incongruence. The Welsh Health Specialised Services Committee has confirmed that there is no interruption to the service to children and young people from Wales currently accessing the service in London."* This comment is insensitive and inaccurate, especially to children, young people and their families in Wales waiting an intolerable excessive to be offered treatment by the failing service established within NHS England.

Following the CQC Inspection, an Independent Review of Gender Identity Development Services for young people was commissioned in March 2022. Led by Dr Hilary Cass, the review gathered evidence to determine how the NHS can provide sustainable models and pathways of care into the future. It found that the service was under 'unsustainable pressure', as demand outstripped capacity, resulting in overwhelmed staff and waiting lists of up to two years, (substantially longer in most cases) which has left young people at considerable risk of distress and deteriorating mental health.

For too long, the NHS has failed to provide adequate trans healthcare, and services available do not meet the demand of those in need. Too many trans people have died waiting for the treatment they were entitled to receive, and many more continue to suffer in ways that are entirely preventable through accessible services. Trans people have a right to access essential care, just like everyone else, and this is currently being denied.

The Cass Review was commissioned to make recommendations on services provided to children and young people exploring their gender identity or experiencing gender incongruence, to ensure that children and young people can access the best possible support from the NHS, and a high standard of care that meets their individual needs. The outcome of the Cass Report recommended the creation of a network of regional hubs to provide care and support, a recommendation accepted by the NHS, and the dissolution of the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Foundation Trust was therefore announced in July 2022.

This announcement has left thousands of children and young people on waiting lists with no clarity as to when, how or where they will be offered treatment, with children and young people from Wales still expected to travel very long distances to access services within NHS England, if/when they should eventually become available.

Sadly, we know the consequences of not providing appropriate care to transgender young people: depression, anxiety, social isolation, and suicide attempts ten times higher than the average population. (1) Whilst long waiting lists are not uncommon within the NHS, the trans healthcare delays predate the Covid pandemic, and statistics confirm waiting lists for trans youth are extreme and unacceptable. (2) Delaying medical treatment also means young people mature in bodies that don't align with their gender identity, causing significant psychological distress, as changing this later in life is more difficult, and complicates treatment solutions and inevitably places increased demands on NHS resources.

The discontinuation of providing puberty blockers is one of the biggest concerns for trans people, allies and their loved ones following statements made in the Cass Review. A Public Consultation on an Interim Service Specification for Specialist Gender Dysphoria Services for Children and Young People has since followed (3) , and although feedback is anticipated early 2023, the NHS Guidance published for under 18s seeking gender affirming healthcare (4) has been widely condemned by the trans community, service users and their families, who feel that neither the Cass Review nor the published NHS Guidance has incorporated or reflected their comments and input.

2. **Update Guidance to reflect best practice in treatment relating to the use of puberty blockers**

Many of the proposals within the NHS Guidance give significant cause for concern that rather than aiming to improve healthcare offered to transgender adolescents, strategies are outlined that deny access to appropriate care in line with best practice, ignoring the substantial scientific evidence advocating for affirmative care.

Although NHS Guidelines cite the Endocrine Society Gender Dysphoria/Gender Incongruence Guideline Resources (5), which state 'We suggest that clinicians begin pubertal hormone suppression… [after the patients] first exhibit physical changes of puberty. We recommend that… GnRH analogues are used to suppress pubertal hormones', this is overlooked within the NHS Guidance, which conversely stipulates that 'NHS England will only commission GnRHa in the context of a formal research protocol'. Additionally, the World Professional Association for Transgender Health (WPATH) Guidelines 2022 explicitly states, "We recommend health care professionals prescribe…[a] GnRH agonist for transgender and gender diverse adolescents." (p.547)

A few days after the NHS published their proposed guidance a new large scale longitudinal study on transgender adolescents was published in the Lancet medical journal (6) The study followed over 700 transgender teens undergoing treatment with puberty blockers and HRT in the Netherlands over an average period of approximately 6 years. It found that 98% of these trans adolescents persisted with HRT into adulthood. Furthermore, it is worth noting that we are only discussing the usage of GnRHa drugs within the specific context of the trans population, however, these are standard NHS drugs listed on NICE's BNF which have been used to treat cisgender people (including adolescents) experiencing endometriosis, cancer and early puberty for decades. These drugs, long established as safe and completely reversible, have shown significant health benefits for trans teens.

The massive overhaul of medical care for transgender children and young people is exacerbating bottlenecks and increasing the already unsustainable treatment delays for transgender people of all ages in England and Wales. In fact, data published in May 2022 (7) indicates that, at that date, the Gender Identity Clinic was only then able

to offer first appointments to people referred in January 2018 – a staggering wait of nearly 4.5 years!

The legal challenge brought against NHS England claimed that waiting times, and other failures in trans healthcare services, are discriminatory and unlawful. Such long waits mean trans adolescents are missing the short window of time in which puberty blockers are useful, and the denial of treatment restricts the lives they are able to lead and has hugely harmful consequences for mental health. The treatment waiting times are leading to the loss of lives and the situation is worsening, which cannot continue unchecked.

The Cass Review found it was 'not safe or viable' to have a single provider, and although Wales has its own established and respected Gender Service, based in Cardiff, this currently only serves adults in Wales. Welsh Government cannot continue to ignore the poor health outcomes and poor access to services that the available evidence suggests many trans young people in Wales are experiencing.

3. **Commence consultation with Cardiff and Vale Health Board to identify funding to enable the Welsh Gender Service to be opened to under 18s throughout Wales**

Due to increasing concerns for the trans young people in Wales we therefore feel that it is imperative for the WHSSC and Welsh Government to commence consultation with Cardiff and Vale Health Board to determine how and when suitable funding can be appropriated for the Welsh Gender Service to be opened to under 18s throughout Wales as a matter of urgency.

When the CQC inspected the Tavistock in 2020, they stipulated that there were 4,600 children and young people on the waiting list for GIDS for a first appointment, however, official figures released in December 2022 have revealed there are now nearly 8,000 children on NHS waiting lists for Gender Services, an increase of more than two-thirds in less than two years. Figures indicate that approximately 1 in 20 patients being referred are from Wales, and they are becoming 'log jammed' within the system due to the accumulation of referrals UK wide, and the stagnant service offered, which has buckled under the pressure.

Furthermore, a recent Audit in North Wales revealed that none of the children and young people on the waiting list have been seen since 2018, due to administrative errors as files 'lost' in the system. It has also been reported that many young people in Wales have suffered even further delays in accessing treatment upon transfer to the waiting list for the Welsh Gender Service, (to which they can be referred from the age of 17.5), as files have become 'lost' upon transfer within the system, which is not uncommon when commissioning services over the border.

Opening the Gender Service in Wales to under 18s would have far reaching benefits not only for those children and young people located here in Wales but also to children

and young people in England, as they could potentially access treatment more quickly as waiting lists in NHS England would reduce if more patients in Wales were able to access services in Wales.

Understanding what can be done to help resolve the current exasperating and intolerable situation and improve the health of trans people by providing fairer and better access to health care remains only part of the challenge.

4. To lead and engage with leaders and the trans community, to work together to champion, protect and defend the rights of transgender people of all ages.

We are seeking leaders with empathy, confidence, and resilience to tackle the poor care given, especially considering the toxic nature of the ongoing public 'debate'.

Furthermore, the Welsh Government has a legislative duty to uphold the United Nations Convention on the Rights of the Child (UNCRC), and we therefore reference the following Articles, which have significant relevance for transgender children and young people.

- **Article 2** ensures the right to protection from discrimination. Discrimination is being treated unfairly because of who you are - Transgender young people have the right to access essential healthcare, like everybody else
- **Article 3** requires that the best interests of the child must be the primary concern in making decisions that may affect them. The best interests of a transgender young person should be at the heart of decisions made about them. Therefore, hard-and-fast rules should not be formulated about approaches or treatments, and instead, we must focus flexibly on the individual child, their views, and their circumstances
- **Article 6** requires children and young people to have a right to life, to survive and develop. Transgender young people have the right to develop and grow, and this article states clearly that they should be supported in doing so. As we know, transgender young people are more likely to suffer from suicidal thoughts and self-harm than their peers
- **Article 8** details the right to an identity. It doesn't specifically name transgender young people or gender identity, but it clearly states that parties should respect the right of the child to their own identity and name
- **Article 12** requires respect for the views of the child and the right of the child to be heard in any proceedings that affect them
- **Article 17** gives children the right to information that is important to their health and wellbeing. For transgender young people, this includes telling them about the support available – how, when and where can they access this?
- **Article 19** gives children the right to be protected from being hurt and mistreated, physically or mentally – Transgender children and young people are not protected from suffering, and poor mental health is often a direct result caused by the delays in being able to access appropriate healthcare and support

Equality, diversity and human rights are embedded in all aspects of the NHS in Wales through the Values and Standards of Behaviour Framework, Standard 2 (8) of the Healthcare Standards for Wales and the Governance Framework, with the Values and Standards of Behaviour Framework outlining the core values that underpin the NHS in Wales as follows:

- **Putting quality and safety above all else:** providing high value evidence-based care for our patients at all times
- **Integrating improvement into everyday working** and eliminating harm, variation and waste
- **Focusing on prevention, health improvement and inequality** as key to sustainable development, wellness and wellbeing for future generations of the people of Wales
- **Working in true partnerships** with partners and organisations and with our staff
- **Investing in our staff** through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively

We call on Welsh Government to face up to this challenge, and support the wellbeing of our children, young people, and future generations of transgender people to access services and improve outcomes.

5. **Increase Engagement and Opportunities for Co-production of solutions and prioritise opening of the Welsh Gender Service to under 18s.**

Continued engagement with the trans community will help identify local issues, and we hope that working together we can co-produce solutions, which as a priority would ultimately begin with opening the Welsh Gender Service to under 18s.

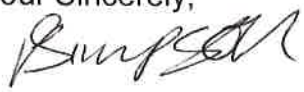
The health infrastructure exists in Wales, so we are in a stronger position than England to be able to deliver the recommendations of the Cass Report, and to make the appropriate amendments more swiftly to ensure better access to healthcare for all and to reduce inequalities, as intended by the current legislative framework (9) as well as the core values that support good governance.

6. **Agree to meet with TransVision Cymru representatives.**

We welcome further discussion on these proposals, and we strongly request urgent priority is given by WHSSC and Welsh Government to help resolve the ongoing issues faced by transgender children and young people in Wales, by seeking a commitment from you to open up the Welsh Gender Service to under 18s, and to work towards helping to alleviate their suffering, which has inevitably resulted from an inability to access appropriate health care and support within Wales.

We look forward to hearing from you and would be grateful if you can advise when we might anticipate a reply from yourselves on this matter.

Your Sincerely,



TransVision Cymru

Please click on links below to access reference source:

(1) LGBT in Britain - Health (2018) (stonewall.org.uk)
(2) Current wait times for Tavistock and Portman Gender Identity Clinic - a Freedom of Information request to Tavistock and Portman NHS Foundation Trust - WhatDoTheyKnow
(3) Interim service specification for specialist gender dysphoria services for children and young people – public consultation - NHS England - Citizen Space
(4) b1937-ii-specialist-service-for-children-and-young-people-with-gender-dysphoria-1.pdf (england.nhs.uk)
(5) Gender Dysphoria/Gender Incongruence Guideline Resources | Endocrine Society
(6) Continuation of gender-affirming hormones in transgender people starting puberty suppression in adolescence: a cohort study in the Netherlands - The Lancet Child & Adolescent Health
(7) Waiting times - Gender Identity Clinic – GIC
(8) https://nwssp.nhs.wales/a-wp/governance-e-manual/living-public-service-values/equality-diversity-and-human-rights/
(9) NHS Wales Governance e-Manual | Equality, Diversity and Human Rights - Legislative Framework (webarchive.org.uk)

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Sent via email: transvisioncymru@gmail.com

10 February 2023

Dear TranVision Cymru,

Many thanks for your letter dated 3rd February 2023.

Welsh Health Specialised Services Committee (WHSCC) commissions gender identity services for children and young people through NHS England and at this time has no plans to change the commissioning arrangements in the absence of the conclusion of the Cass Review. There will however be an opportunity to explore the possibility of identifying a provider for Wales thereafter as part of a regional provider network proposals.

In line with the recommendations of the Cass Review interim report and in recognition that the needs of children and young people are very different to those of adults any service in Wales will need to be led by a Specialist Children's Hospital. This would mean that the Children's Hospital for Wales would be the lead and not the Adult Welsh Gender Service as proposed by yourselves in your letter. In light of the above we would like to reassure you that we have already commenced early preparatory discussions with Cardiff and Vale University Health Board regarding future proposals.

In addition the interim NHS England Specialist Service for Children & Young People with Gender Dysphoria (Phase 1 providers) service specification was consulted on in 2022 and we await the outcome of the consultation report and final service specification. It is understood that the intention is for this to be aligned to the Cass Review. Following this there will be the opportunity for a full consultation and stakeholder engagement prior to the implementation of the

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final service specification and clinical model and this will include provision for transgender children and young people in Wales

In the interim, we are feel it is positive that transgender children and young people in Wales, because of the initial referral pathways which are different to those in NHS England, do have direct access to local CAMHS services as well as support from Umbrella Cymru whilst on the waiting list.

I do hope that we will be able to work with you in the future in ensuring that we can ensure that we can collectively work toward securing a service for transgender children and young people in Wales which aligns with the recommendations of the Cass Review.

Regards,

Dr. Sian Lewis
Managing Director

cc. Kate Eden, Chair
Carole Bell, Director of Nursing Quality

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