Joint Committee - In Public

Tue 19 March 2024, 08:00 - 09:05

Agenda

08:00 - 08:00
0 min

1. PRELIMINARY MATTERS

0.0 JC Public Agenda 19 March 2024.pdf (1 pages)

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Minutes of the Meeting held on 30 January 2024 and 27 February 2024 and Matters Arising

Att. *Chair*

1.4a Draft JC (Public) Minutes 30 January 2024 v6.pdf (18 pages)
1.4b Draft JC (Public) Minutes 27 February 2024 V6.pdf (7 pages)

1.5. Action Log

Att. *Chair*

1.5 Action Log.pdf (3 pages)

08:00 - 08:00
0 min

2. PRESENTATION

2.1. Integrated Commissioning Plan (ICP) 2024-2025

Pres *Director of Planning and Performance / Director of Finance*

08:00 - 08:00
0 min

3. ITEMS FOR CONSIDERATION AND/OR DECISION

3.1. Integrated Commissioning Plan (ICP) 2024-2025

Att. *Director of Planning and Performance / Director of Finance*

3.1 Integrated Commissioning Plan Report 27.2.24 v1 (1).pdf.pdf (6 pages)
3.1.1 Appendix 1 - ICP2425 final 140324.pdf (144 pages)

3.2. Chair's Report

Att. *Chair*

3.2 Chair's Report.pdf (5 pages)
3.2.1 Appendix 1 - Letter to JC members - Chairs Action to approve ATMP expenditure.pdf (2 pages)

3.3. Managing Director's Report

Att. *Managing Director*

- 3.3 Managing Director's Report.pdf (5 pages)
- 3.3.1 Appendix 1 - WHC2024005 - Welsh Health Circular - Private Obesity Surgery and the We.pdf (4 pages)
- 3.3.2 Appendix 2 - Press release NSH England policy on puberty suppressing.pdf (2 pages)
- 3.3.3 Appendix 3 - Cardiac interventions in Wales.pdf (10 pages)

08:00 - 08:00
0 min

4. CONCLUDING BUSINESS

4.1. Any Other Business

Oral *Chair*

4.2. Date of Next Meeting (Scheduled)

Oral *Chair*

4.3. In Committee Resolution

Oral *Chair*

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

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

WHSSC Joint Committee Meeting held in public
Tuesday 19 March 2024
at 08:00 hrs

Microsoft Teams

ITEM		LEAD	PAPER / ORAL	TIME
1.0	**PRELIMINARY MATTERS**			
1.1	Welcome and Introductions	Chair	Oral	08.00 - 08.05
1.2	Apologies for Absence	Chair	Oral	
1.3	Declarations of Interest	Chair	Oral	
1.4	Minutes of the Meeting held on 30 January 2024 and 27 February 2024 and Matters Arising	Chair	Att.	
1.5	Action Log	Chair	Att.	
2.0	**PRESENTATION**			
2.1	Integrated Commissioning Plan (ICP) 2024-2025	Director of Planning/ Finance	Pres.	08:05 - 08:50
3.0	**ITEMS FOR CONSIDERATION AND/OR DECISION**			
3.1	Integrated Commissioning Plan (ICP) 2024-2025	Director of Planning/ Finance	Att.	08:05 - 08:50
3.2	Chair's Report	Chair	Att.	08:50 - 08:55
3.3	Managing Director's Report	Managing Director	Att.	
4.0	**CONCLUDING BUSINESS**			
4.1	Any Other Business	Chair	Oral	08:55 - 09:00
4.2	Date of Next Meeting (Scheduled)	Chair	Oral	
4.3	In Committee Resolution The Joint Committee is recommended to make the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".	Chair	Oral	09:05

Unconfirmed Minutes of the WHSSC Joint Committee Meeting held In Public on Tuesday 30 January 2024 via MS Teams

Members:

Kate Eden	(KE)	Chair, WHSSC
Dr Sian Lewis	(SL)	Managing Director, WHSSC
Carole Bell	(CB)	Director of Nursing & Quality
Carolyn Donoghue	(CD)	Independent Member, WHSSC
Iolo Doull	(ID)	Medical Director, WHSSC
Richard Evans	(RE)	Interim Chief Executive Officer, Swansea Bay UHB (until 11:30hrs)
James Leaves	(JL)	Assistant Director of Finance and Information, WHSSC
Ian Phillips	(IP)	Independent Chair, Welsh Kidney Network (WKN)
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Steve Spill	(SS)	Independent Member, WHSSC
Hayley Thomas	(HTh)	Interim Chief Executive Officer, Powys teaching HB
Stacey Taylor	(ST)	Director of Finance and Information, WHSSC

Deputies:

Abigail Harris	(AH)	Executive Director of Planning, Cardiff and Vale UHB
Dr Philip Kloer	(PK)	Executive Medical Director / Deputy CEO, Hywel Dda UHB
Sally May	(SM)	Director of Finance, CTMUHB
Dr Chris Stockport	(CS)	Executive Director of Transformation And Strategic Planning, Betsi Cadwaladr UHB
Nerissa Vaughan	(NV)	Interim Director of Strategy, Swansea Bay UHB (from 11:30hrs)

In Attendance:

Hannah Crocker	(HC)	ATMP Outcomes Programme Manager, WHSSC
Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Nicola Johnson	(NJ)	Director of Planning, WHSSC
Jacqui Maunder-Evans	(JME)	Committee Secretary & Associate Director of Corporate Services, WHSSC
David Roberts	(DR)	Director for Mental Health & Vulnerable Groups, WHSSC
Helen Tyler	(HT)	Head of Corporate Governance, WHSSC
Karla Williams	(KW)	Interim Governance Officer, WHSSC
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government

Observing:

Liz Kenward	(LK)	Specialised Planner for Neurosciences, WHSSC

Emma King	(EK)	Senior Specialised Services Planning Manager for Mental Health, WHSSC
Richard Palmer	(RP)	Senior Specialist Planning Manager, WHSSC
Linda Prosser	(LP)	Executive Director of Strategy & Transformation, Cwm Taf UHB
Nerissa Vaughan	(NV)	Interim Director of Strategy, Swansea Bay UHB
Melanie Wilkey	(MW)	Deputy Director of Commissioning, Cardiff and Vale UHB

Apologies:

Paul Mears	(PM)	Chief Executive Officer, CTMUHB
Steve Moore	(SM)	Chief Executive Officer, Hywel Dda UHB
Chantal Patel	(ChP)	Independent Member, WHSSC
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale UHB
Carol Shillabeer	(CS)	Interim Chief Executive Officer, Betsi Cadwaladr UHB

Minutes:

Karla Williams	(KW)	Interim Corporate Governance Officer, WHSSC

Min Ref	Agenda Item
JC24/001	**1.1 Welcome and Introductions** The Chair welcomed Members in Welsh and English. The Chair reminded Members of the purpose of the Joint Committee (JC) and the WHSSC values of respect, partnership, improvement and innovation. Phil Kloer (PK) was welcomed to his first JC meeting as Interim CEO at Hywel Dda UHB, and the Chair welcomed observers, Melanie Wilkey, Richard Palmer, Liz Kedward, Emma King and Linda Prosser. There were no objections to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved.
JC24/002	**1.2 Apologies for Absence** Apologies for absence were noted and listed as above.
JC24/003	**1.3 Declarations of Interest** The JC noted the standing declarations and that there we no declarations of interest made relating to the items for discussion on the agenda.
JC24/004	**1.4 Minutes of the meeting held on 21 November 2023 and Matters Arising**

	The minutes of the JC meeting held on 21 November 2023 were **received** and **approved** as a true and accurate record of discussions. There were no matters arising.
JC24/005	**1.5 Action Log** The action log was received, and members **approved** the closure of the completed actions, and noted that two actions remained open. Jacqui Maunder-Evans (JME) advised that action JC23/010 was now complete and could be closed. .
JC24/006	**2.1 Integrated Commissioning Plan (ICP)** The report and presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government (WG) in line with NHS Wales planning requirements was received. Nicola Johnson (NJ) presented the report and outlined the transformational and strategic commissioning activities and the deliverables for 2024-2025 including the: • Specialised Paediatric Services Strategy (approved 22/23), • Specialised Mental Health Services Strategy, • Specialised Rehabilitation Strategy (To be presented to JC in Q1 2024-2025), • Specialised Haematology Service review (included in All Wales Lymphoma Panel (AWLP)) - implementation underway, • Specialised Cardiac Services Review Phase, • Phase 2 Neonatal Services review (scoping underway); and • Recommissioning of a range of services across all portfolios. Stacey Taylor (ST) provided the recommendation of financial plan providing an overall uplift of 2.73%, including a brought forward position of 2.4%. Members noted that WHSSC had been in a position to hand back finances previously, however they were unable to do so this year. The activity was increasing to pre-Covid levels. Members noted the unavoidable growth and cost pressures, split into categories with a total of £8.35m, of which the major costs related to high drug costs. ST provided a mitigating savings target of £10m for next year. NJ provided an update of all of the schemes considered by the Clinical Impact Assessment Group (CIAG) and the uncommitted expenditure from previous plans, prioritised based on Quality

	Impact Assessment (QIA) based on Safety scores against the STEEP[1] framework, which showed 6 schemes that scored the highest. The CIAG, Horizon Scanning day results and the new Interventions scores had been considered and following assessment it was determined that the strategic priority was the South Wales Thrombectomy Service, at £1.6m PYE. Members noted that following feedback from the Management Group, it had been agreed that all other schemes were to be stopped rather than paused and would require new submissions to be considered in the future. . NJ advised that it was important that members were sighted on the in year risks, including Paediatric Surgery which was in the plan with a focus to maintain and improve on the 52-week wait time only. Members noted that WHSSC will follow what had been agreed and ensure the final financial plan had limited scope to manage the inflationary uplift. Members noted: • The plan included an extensive work programme of strategic commissioning to improve value, outcomes and transformation within core resources, • A minimal investment plan with robust prioritisation based on evidence and quality assessment; and • was based on a balanced assessment of risk, pressures and savings opportunities. Sian Lewis (SL) concluded that Health Boards (HBs) were required to agree a Plan through the JC for Specialised Services in line with the NHS Wales Planning Framework and with HB Commissioner Plans for submission to WG. The Accountable Officer (AO) letters needed to be submitted to WG by 16 February 2024. Members noted that the proposed recommended pass through of the Allocation Letter inflation funding for Specialised Services according to historical precedent and that members approve the Plan, predicated on sustainability, unavoidable demand and core cost inflationary pressures, whilst recognising the risks and opportunities. Hayley Thomas (HTh) advised that she understood that the Management Group had agreed that further work be undertaken in discussion with Finance Directors on the financial assumptions of

[1] STEEP framework for quality healthcare – "Safe", "Timely", "Effective", "Efficient", "Equitable" and "Patient Centred".

	the plan, however she felt that the level of funding requested was higher than expected. HTh advised that there was an additional ask across healthcare and that this would need further discussion to ensure the overall ask was dealt with around the financial uplift. Nerissa Vaughan (NV) suggested having some feedback on the fertility proposal. ST advised that the JC would always be in a financially challenging position, however increased referrals were observed going through the system in comparison to pre pandemic levels. ST advised that there were further conversations with DOFs regarding the inflationary uplift and that that the issued raised would be discussed with them. Members noted that the forecast for the first 6-8 months of next year was already known, and that policy changes had been scoped and showed that implementation will not be possible during the next financial year and that updates will be provided to the new NHS Wales Joint Commissioning Committee (JCC). Nicola Prygodzicz (NP) advised that she appreciated and acknowledged the effort gone into developing the plan, and whilst appreciating that time was an issue, she was unable to recommend the uplift. She suggested that she needed to understand clinical effectiveness of services, access, demand and choices available. Sally May (SM) advised that she appreciated the amount of work that had gone into the plan, however the discussions in the DOFs group needed to be an iterative process as this put HBs in a difficult position on whether to support the decision. ST reassured members that WHSSC had considered the level of risk in the plan and tried to get a balance with realism and deliverability. ST advised that WHSSC appreciated it was a difficult plan given the current financial position, and whilst members could consider the level of the uplift to be significant, this was a reflection of the inflation levels in specialised services and the number of patients flowing out of secondary care. Phil Kloer (PK) advised that DOF's needed to be aware that the activity will flow into specialised services, and that HBs will end up paying for the services anyway, and that there was a need to ensure there was a balance between specialised and general services. Abigail Harris (AH) advised that she was grateful to the team on the work, however shared concerns on the difficult conversations and how we balance the specialised and tertiary services so the Welsh population was not at a disadvantage. From a HB perspective, they

	needed to understand the implication on the services that sit under the line and the business cases on the agenda which relate to core elements in the plan. There are ongoing concerns on the impact Thrombectomy and Cardiac will have on providers. Chris Stockport (CS) echoed HB colleagues' observations and advised there were challenges in putting the proposal forward to BCUHB as they are looking at levels that are out of balance for access to their general services. Richard Evans (RE) advised there needed to be a balanced view before agreeing the plan and there was a need to look at core services as well as the other services on top, and where SBUHB were as a HB. SL advised that the uplift of the WHSSC plan could be set at whatever level was requested, but there needed to be an understanding as to where the risks would fall and that controlling the access of tertiary services sat within the HBs control. SL advised that what WHSSC were suggesting and recommending was not an offer without risks, and it was based on what can be recommended, accepted and managed. If the plan is changed this would mean the risk changes. Stuart Davies (SD) reminded members on managing the flow of patients when we are talking about risks. In BCUHB and PtHB, when a referral is made, there is no further control point. NHS providers had made it clear that they will not restrict these services. If we go down the route of controlling the flow, we would need to do it by HBs at a secondary level, and WHSSC will need to work with HBs to do this. HBs would need to work with WHSSC to understand the choices, to make sure the cost was assessed and to make it more transparent. The Chair thanked members for their comments and proposed that the team have further discussions with the Management Group and other colleagues on the clinical effectiveness, access, demand and choices available as well as consideration of any agreed position regarding the handling of the inflationary uplift. It was agreed to bring the ICP back to an Extraordinary JC meeting in February 2024 for approval. **ACTION**: WHSSC to have further discussions with the Management Group and other colleagues on the clinical effectiveness, access, demand and choices available as well as consideration of any agreed position regarding the handling of the inflationary uplift. The

	Integrated Commissioning Plan (ICP) to be brought back to an Extraordinary JC in February 2024 for approval prior to being submitted to WG. The Joint Committee resolved to: • **Note** the report; and • **Discuss** the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government, and agreed that further discussion be undertaken with the Management Group and other colleagues on the clinical effectiveness, access, demand and choices available as well as consideration of any agreed position regarding the handling of the inflationary uplift. The plan should then be brought back to an extraordinary Joint Committee for approval in February 2024.
JC24/007	**2.2 Commissioning of Advanced Therapy Medicinal Products (ATMPs) in Wales** The report and presentation providing an update on the Advanced Therapy Medicinal Product (ATMP) landscape highlighting the additional implications that are associated with them, and to set out a proposed ATMP commissioning framework that will inform implementation plans were received. SD introduced the session and Dr Hannah Crocker (HC) gave a brief reminder on what Advanced Therapy Medicinal Products (ATMPs) were, and advised members where WHSSC currently were with implementing ATMPs in Wales. Members noted that: • ATMPs are currently funded by WG and are very high upfront costs but there are major benefits and that the proposal was for WHSSC to use WG funding to be able to offer treatments closer to home, • There are currently 11 NICE recommended ATMPs, 4 therapies of which WHSSC does not commission including Imylgic, Holoclar, Strimvelis and Spherox, • The forecast predicted a year on year increase; there were currently 6 estimated available for 2024; and • A framework has been developed bespoke to ATMPs. This follows the importance of horizon scanning to early assessment of resource to alert WG to design a commissioning policy on how we service designate within Wales or England, capacity plan and how we monitor the quality outcomes. Carolyn Donoghue (CD) thanked members on illustrating the current position and advised that she was very supportive of the strategy. CD queried where at WG level the conversations were

	happening regarding approvals. HC responded and advised that WG's position was that they remained to be signed up to create a strategy for medicine. They took the decision to set aside central funding so it did not conflict with the day to day priorities. Richard Evans (RE) queried the annual cost of the 6 NICE therapies if they were approved and SD confirmed the annual cost for the 6 that had already been approved and were commissioned by WHSSC was £20-£25M. RE asked if the central funding was separate to the HB funding allocations and SD confirmed they were funded directly from WG allocations. Nick Wood (NW) provided clarity on the funding allocations and advised that the funding came out of the Health and Social Services Government allocation. NW advised that it was important that these priority medicines and treatments be dealt with on a national scale rather than on a smaller footprint and their use was outcome driven following NICE recommendations. AH advised there was potential for revaluation in the future. And that the issue was one of balance and how do we ensure the financial plan works annually. HC advised that the 6 new ATMPs coming through the pipeline did not have an agreed price yet, as they were under negotiation but it was estimated to be £2.6 million. HC advised that the benefits of the strategy were that we are ready to implement the things that are going to happen anyway. When we hit the transformation stage, we need to understand what we need to do and get ready and will need clinical support. The Chair clarified we are not asking for approval at this stage, just to support recommendations. The Joint Committee resolved to: • **Note** the report, • **Note** the current and future Advanced Therapy Medicinal Product (ATMP) positions and implementation progress to date, • **Note** that further discussions are required to define the strategic partnership between the Advanced Therapies Wales Programme and WHSSC to determine the future balance of responsibilities,

	• **Note** the development of a strategic partnership with NHS England for the provision of ATMPs for rare indications with low patient numbers, • **Note** the proposed ATMP Commissioning Framework (Appendix 1), • **Note** the development of an ATMP Commissioning Strategy for Wales; and • **Support** that WHSSC (and from April 2024 its successor organisation, the NHS Wales Joint Commissioning Committee) commission all NICE recommended ATMPs, including those recommended before May 2018.
JC24/008	**3.1 Chair's Report** Members received the Chair's Report and noted: • Key Meetings attended. The Joint Committee resolved to: • **Note** the report.
JC24/009	**3.2 Managing Director's Report** Members received the Managing Director's Report and noted the following updates: • **The Increased Thrombectomy access for Welsh patients in Bristol -** North Bristol NHS Trust have informed WHSSC that from 15 January 2024 they are able to offer access to Thrombectomy for Welsh patients from 6.00am to 12.00am, with the last referral being accepted at 9.00pm in order that procedures can be completed by 12.00am. Currently the service accepted patients at 8.00am. Access to Thrombectomy is increasing in South Wales with an average between December 2023 to June 2024 of 3.3 patients per month and for July to November 2023 an average of 6.0 patients per month. However, the overall annual rate was 2.18% of stroke patients accessing Thrombectomy which was still well below the target of 12.5%; and • **NHS Wales Joint Commissioning Committee Implementation** WHSSC were informed at the National Commissioning Review Oversight Board that it was unlikely that the Organisational Change Policy (OCP) process will be complete by 1 April 2024 and therefore a transitional model will be put in place. Development of the model will be undertaken by WG with 'sign off' by the Director General of NHS Wales. This work will be completed in the next few weeks. The Joint Committee resolved to: • **Note** the report.

JC24/010	**3.3 Delivering Mechanical Thrombectomy Capacity in South Wales (Phase 1)** The report seeking approval to establish phase 1 of a regional Mechanical Thrombectomy (MT) centre in South Wales was received. NJ presented the report and highlighted that the report was linked to the ICP report presented earlier. Members noted that the JC had received a report earlier in the year on the Strategic Plan on the partnership approach with Bristol. The demand was expected to increase globally due to clinical change in guidelines, which will prove challenging with Bristol reaching capacity and prioritising English patients over the Welsh patients. Members noted: • The service model and that that the system provided life-changing benefits and was predicted to deliver 78 cases in phase 1 per annum, • the additional workforce uplift across the professional groups for each phase to provide a reliable, sustainable service • The critical care requirements, • Financial framework and the commissioner benefits; and • How WHSSC carefully monitor the implementation of the plan with CVUHB being the provider. Linda Prosser (LP) queried CVUHB's capacity to provide the service and AH provided an assurance that they are able deliver the required capacity, and that an internal scrutiny process had been undertaken to assess this. NJ provided further assurance to members that WHSSC had scrutinised CVUHB's plans and that all queries and concerns had been addressed. NP expressed her support, but queried whether it was better to have a well-established position in Bristol, or to create a new service in CVUHB, but accepted that it was important that we ensured we considered the potential risks of the procedure not being undertaken locally. HT (HTh) advised that the success of the service depended on the regional stroke networks, and asked if the Welsh Ambulance Services Trust (WAST) were aware of the expansion of the criteria. NJ confirmed there has been ongoing conversations with the Emergency Ambulance Services Committee (EASC) with regards to expanding the capacity within WAST. The Joint Committee resolved to: • **Note** the report,

	• **Note** the financial framework to support the development of a Mechanical Thrombectomy centre for South Wales, • **Note** the benefits and risks associated with the investment, • **Approve** the funding to establish Phase 1 of a local Thrombectomy service for the South Wales region as included in the Integrated Commissioning Plan (ICP) 2024/25; and • **Approve** the proposal for a post-implementation commissioning evaluation for Phase 1 of the commissioned service.
JC24/011	**3.4 WHSSC Cardiac Review – Outcomes of Phase 1** The report providing a précise of the outcomes of Phase 1 of the WHSSC Cardiac Review, which sought to: re-baseline the South Wales Trans- catheter Aortic Valve Implantation (TAVI) and cardiac surgery contracts to ensure that they better reflect potential demand; and assess the extent to which, in view of recent trends and differential valve costs, the TAVI policy remains both adhered to and apposite was received. Members noted that in January 2023 the JC agreed that Phase 1 of the review would be completed by the end of Q3 2023/24, and that it would be followed by a second phase which was in a number of stages, focused on the future configuration of WHSSC-commissioned TAVI and cardiac surgery. AH queried if there was a risk in undertaking phase 1 if we have not completed the wider service reconfiguration and asked how were conversations going to progress. NJ advised that we would need to maintain both providers in the medium term whilst working through the service model. RE queried how far below the benchmarked NHS England (NHSE) costs for procedures and consumables were the South Wales cardiac surgery contract prices. ST advised that this was currently a challenge and that more work was required to determine the gap and that will be included in the negotiation going forward. ST advised that the assumption through the plan was to return to baselines and that further conversations were required. NP added that there was a need to be fair and transparent with sensible agreements. The Joint Committee resolved to: • **Note** the findings of Phase 1 of the WHSSC Cardiac Review, • **Note** that the proposed revised Trans-catheter Aortic Valve Implantation (TAVI) and cardiac surgery contract baselines be used as the basis for negotiations with Cardiff and Vale

	University Health Board (CVUHB) and Swansea Bay University Health Board (SBUHB), • **Note** the finding that the current WHSSC TAVI Commissioning Policy remains both adhered to and apposite; and • **Note** the work ongoing to clarify and reduce TAVI valve costs.
JC24/012	**3.5 Mental Health Specialised Services Strategy for Wales 2024/25-2028/29** The report presenting the final WHSSC Mental Health Specialised Services Strategy for Wales 2024/25- 2028/29 and outlining the governance structure for the implementation programme was received. Dai Roberts (DR) presented the report and members noted that: • the draft strategy was last presented to the JC for consideration in November 2022, • Since then, further work had been undertaken to incorporate comments received from the stakeholder engagement exercise in May 2022 and the feedback from the consultation exercise received in January 2023 • the JC asked in the meeting held on 8 November 2022 for a demand and capacity analysis exercise to be undertaken which would: ○ Use predictive analysis techniques, ○ Engage clinicians to enable extensive service modelling, ○ Consider the management of pathways for mental health services, • The Demand and Capacity Report was received by WHSSC in October 2023 and was presented to key stakeholders in the NHS Wales Executive, WG and the WHSSC Corporate Directors Group Board (CDGB) in October 2023, and at a JC briefing session on 21 November 2023, • The Demand and Capacity Report, along with the feedback from stakeholder engagement and consultation on the draft strategy document were taken into consideration to develop the final Mental Health Specialised Services Strategy for Wales. DR advised that WHSSC were expecting all proposals to be cost effective and within the scope to ensure we are providing higher quality services closer to home. LP asked how we balance the investment and implementation stage on and how we articulate that stage to show benefits. DR advised that it was important to have a strategy that was specific to Wales.

	HTh suggested to have a think about the implementation of this and the concerns around cross border digital systems, which had been identified previously. DR advised that he would confirm if the cross border check issue had been considered as part of the risk assessment. **ACTION**: DR to confirm if cross border digital systems had been included in the risk assessment for the MH strategy work. Nerissa Vaughan (NV) advised that it was a strong strategy, and provided an assurance that it had been developed in conjunction with clinicians which had been very well received within HBs. The Chair gave a personal thanks to DR for his expertise and leadership in developing the strategy with clear intent. The Chair acknowledged that DR would be leaving WHSSC 31 March 2024 and that he will be sorely missed. DR also passed thanks to Emma King (EK) on her help in developing the strategy. The Joint Committee resolved to: • **Note** the report; and • **Approve** the WHSSC Mental Health Specialised Services Strategy for Wales 2024/25-2028/29.
JC24/013	**3.6 All Wales PET Programme Progress Report** The report providing an update on several important issues facing the Projects within the All Wales Positron Emission Tomography (PET) Programme was received. SL presented the report and members noted that The all-Wales PET Programme is in the implementation stage and while progress was being made, the Projects within the Programme were all realising issues. As such, change control thresholds had been reached. In line with governance routes, escalation to the JC and the Sponsor, the WG was required. Members noted the updates relating to • Project 1 (Positron Emission Tomography Imaging Centre (PETIC)) scanner replacement is completed. The business case supporting the isotope production facility has however been withdrawn and is now being revised. • Project 2 – BCUHB - issues with increasing costs. They are sourcing other options available.

	• Project 3 – SBUHB have submitted a business case, which was previously approved, but the outlined business case has come in significantly higher. 12 month delay on capital programme SL advised that in her capacity as SRO, she has written and escalated to the WG(Sponsor) and informed them of the issues facing two projects and the risks related to the third. The Joint Committee resolved to: • **Note** the proposed actions regarding escalation to the Sponsor (Section 3.3.4), • **Note** the issues and risks facing the projects; and • **Note** the progress made by the Workstreams and other enabling activities.
JC24/014	**3.7 Business Continuity Risks Related to the Establishment of the Joint Commissioning Committee** The report outlining the business continuity risks for Specialised Services Commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee (JCC) on 1 April 2024 was received. SL presented the report and members noted the four main areas: • Possible delays on the decision making, • Workforce retention will affect all portfolios particularly around the MG strategy, • The financial operating model; and • The business operating model. Members noted the mitigating actions and that risks had been fed into the programme for the new JCC and added to transition plan. The Joint Committee resolved to: • **Note** the report; and • **Note** the risks associated with the implementation of the new NHS Wales Joint Commissioning Committee, and **note** that the WHSSC Corporate Risk Assurance Framework (CRAF) will be updated to include the risks to specialised service business continuity.
JC24/015	**3.8 Corporate Risk Assurance Framework (CRAF)** The report presenting WHSSC's updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers was received. JME presented the report and members noted that as at 31 December 2023 there were 25 risks on the risk register. There were 20 commissioning risks including three new risks relating to,

	Obesity Surgery waiting times, TARN Delays, and Neurosurgery Sustainability. There were 5 corporate risks. In relation to risk 29 - IPFR and Governance JME reminded members that at the September 2023 meeting the JC had endorsed the updated IPFR policy for submission to HBs for approval. Members noted that some HBs had approved the updated policy in November 2023 and others will be receiving it at their board meetings in January 2024. Members noted that once all of the seven HBs had approved the policy it will be shared with WG and will then be formally introduced. The Joint Committee resolved to: • **Note** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 31 December 2023, • **Approve** the CRAF as at 31 December 2023; and • **Note** that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group (RSG) meetings.
JC24/016	**4.1 WHSSC Integrated Performance Report – November 2023** The report providing a summary of the performance of WHSSC's commissioned services was received. Further detail including splits by resident HB was provided in an accompanying Power BI Dashboard report. The Joint Committee resolved to: • **Note** the report.
JC24/017	**4.2 Financial Performance Report Month 9 2023-2024** The report setting out the financial position for WHSSC for month 9 2023-2024 was received. Members noted that the financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the JC in February 2023. The year to date financial position reported at Month 9 for WHSSC (excluding EASC) was an underspend against the ICP financial plan of (£5.018m), the forecast year-end position is an underspend of (£10.416m). Members noted the elective performance was holding up despite the recent industrial action and there had been an improvement on the Mental Health position.

	The Joint Committee resolved to: • **Note** the current financial position and forecast year-end position.
JC24/018	**4.3 South Wales Trauma Network Delivery Assurance Group** The report providing a summary of the Quarter 2 2023/24 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN) was received. NJ presented the report and members noted that a gateway 5 review on the Programme was planned for March 2024 and that preparation was underway. The peer review is arranged for July 2024. Members noted there was a risk around the TARN database; this had an impact on commissioning the service and the ability to monitor the standards. This issue had been raised and was being monitored. Members noted that a more detailed report on the outcomes was presented within the "In Committee" meeting. HTh asked when the TARN database would be back online and how the backlog issue would be managed. NJ reassured members, that the one reason this had been escalated within the plan was due to the data slippage issues. WHSSC had asked for an up to data plan and the SWTN had developed a local database, however there would be a 3 month gap until it was fully developed and operational. The Chair suggested that an update be brought back to the JC in March 2024. **ACTION**: An update on the TARN database and the local SWTN local database to be provided at the March 2024 JC meeting. The Joint Committee resolved to: • **Note** the report; and • **Receive** assurance that the Major Trauma Network's delivery and outcomes are being scrutinised by the Delivery Assurance Group (DAG).
JC24/019	**4.4 Corporate Governance Matters Report** The report providing an update on corporate governance matters that had arisen since the previous meeting was received.

	Members noted that a diary marker for the first meeting of the new NHS Wales JCC has been set for 3 April 2024. The Joint Committee resolved to: • **Note** the report.
JC24/020	**4.5 Reports from the Joint Sub-Committees** The JC Sub-Committee reports were received as follows: **4.5.1 Audit and Risk Committee (ARC) Assurance Report** The JC noted the assurance report from the CTMUHB Audit and Risk Committee meeting held on 19 December 2023. **4.5.2 Management Group Briefings** The JC noted the core briefing documents from the meetings held on 23 November 2023 and 14 December 2023. **4.5.3 Individual Patient Funding Request (IPFR) Panel** The JC noted the Chair's report from the meeting held on 19 January 2024. Members noted that, Mrs Elizabeth Kathleen Abderrahim had been appointed as the All-Wales IPFR Panel Chair from 1 November 2023 for a period of up to 3 years. Carole Bell (CB) advised that the panel had not been quorate in November 2023 or December 2023. **4.5.4 Welsh Kidney Network** The JC noted the Chair's report from the meeting held on 6 December 2023. The Joint Committee resolved to: • **Note** the reports.
JC24/021	**5.1 Any Other Business** • **CEO Hywel Dda UHB Last Meeting** – members noted that it would have been Steve Moore, CEO Hywel Dda UHBs last JC meeting following announcing his appointment to a new role. Members thanked him for his stalwart contribution and commitment to developing specialised commissioning in Wales and wished him every success in future; and • **Farewell to Assistant Director of Finance, WHSSC –** members noted that it was James Leaves, Assistant Director of Finance, WHSSC's last meeting and members thanked him for his hard work and commitment and wished him well in his new role with CVUHB. No additional items of business were raised.

JC24/022	**5.2 Date of Next Meeting (Scheduled)** The JC noted that the next scheduled meeting would be held on 19 March 2024. There will be an Extraordinary meeting in February 2024 to sign off ICP. The meeting closed at 11:56hrs.
JC24/023	**5.3 In Committee Resolution** The Joint Committee is recommended to make the following resolution: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".

Chair's Signature: .....

Date:.....

Unconfirmed Minutes of the WHSSC Extraordinary Joint Committee Meeting held In Public on Tuesday 27 February 2024 via MS Teams

Members:

Kate Eden	(KE)	Chair, WHSSC
Dr Sian Lewis	(SL)	Managing Director, WHSSC
Carolyn Donoghue	(CD)	Independent Member, WHSSC
Chantal Patel	(ChP)	Independent Member, WHSSC
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale UHB
Stacey Taylor	(ST)	Director of Finance and Information, WHSSC

Deputies:

Sally May	(SM)	Director of Finance, CTMUHB
Dr Chris Stockport	(CS)	Executive Director of Transformation And Strategic Planning, Betsi Cadwaladr UHB
Lee Davies	(LD)	Executive Director of Strategy and Planning, Hywel Dda UHB
Stephen Powell	(SP)	Director of Performance and Commissioning, Powys teaching HB
Robert Holcombe	(RH)	Director of Finance, Procurement & Value, Aneurin Bevan UHB
Nerissa Vaughan	(NV)	Interim Director of Strategy, Swansea Bay UHB

In Attendance:

Claire Harding	(CH)	Assistant Director of Planning, WHSSC
Nicola Johnson	(NJ)	Director of Planning, WHSSC
Jacqui Maunder-Evans	(JME)	Committee Secretary & Associate Director of Corporate Services, WHSSC
Helen Tyler	(HT)	Head of Corporate Governance, WHSSC
Sandy Tallon	(STa)	Head of Information, WHSSC
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government

Observing:

Rebeka Warren	(RW)	Assistant Director of Finance, Cardiff and Vale UHB

Apologies:

Richard Evans	(RE)	Interim Chief Executive Officer, Swansea Bay UHB
Dr Philip Kloer	(PK)	Executive Medical Director / Deputy CEO, Hywel Dda UHB
Paul Mears	(PM)	Chief Executive Officer, CTMUHB
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB
Carol Shillabeer	(CS)	Chief Executive Officer, Betsi Cadwaladr UHB

Steve Spill	(SS)	Independent Member, WHSSC
Hayley Thomas	(HTh)	Interim Chief Executive Officer, Powys teaching HB

Minutes:

Karla Williams	(KW)	Interim Corporate Governance Officer, WHSSC

Min Ref	Agenda Item
JC24/024	**1.1 Welcome, Introductions an Apologies** The Chair welcomed Members in Welsh and English. The Chair reminded Members of the purpose of the Joint Committee (JC) and the WHSSC values of respect, partnership, improvement and innovation. There were no objections to the meeting being recorded for administrative purposes. It was noted that a quorum had been achieved. Apologies for absence were noted and listed as above.
JC24/025	**1.2 Declarations of Interest** The Joint Committee (JC) noted there we no declarations of interest made relating to the items for discussion on the agenda.
JC24/026	**2.1 Integrated Commissioning Plan (ICP)** The report and presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government (WG) in line with NHS Wales planning requirements was received. Nicola Johnson (NJ) presented the report, supported by a slide presentation. Members noted that the ICP had been updated following the previous Joint Committee meeting on 30 January 2024, members recognised the considerable work undertaken to date and the robust prioritisation of expenditure and put forward a range of constructive suggestions to address the increasing difficult choices and financial challenges within NHS Wales. Members noted that: • the NHS Wales Directors of Finance (DoF) Group had considered the inflationary uplift requirement at a meeting on 7 February 2024, • A 3.67% whole system uplift approach had been directed by WG, • There was a mature approach to commissioning and contracting around the Welsh provider cost base,

- WG will write to Health Boards (HBs) on the basis that commissioners need to understand what they are purchasing and providers need to be clear on their cost base,
- The finance working group will scrutinise the application of the 3.67% to providers during the year to meet WG requirements,
- The NHSE uplift averaged 8% per annum,
- The key to specialised services strategy was evidence based commissioning,
- The Clinical Impact Assessment Group (CIAG) and the new interventions horizon scanning prioritisation processes fully embedded and included robust evidence of clinical and cost effectiveness,
- There were Memorandums of Understanding (MoUs), Service Level Agreement (SLAs) in place with the All Wales Therapeutics & Toxicology Centre AWTTC, Health Technology Wales (HTW) and CEDAR.

Robert Holcombe (RH) queried if CIAG schemes could be removed and NJ advised that these were discussed with Management Group (MG) and this was not recommended because the remaining schemes had been prioritised on safety.

Members noted that that the MG ICP workshop on 22 February 2024 had acknowledged the difficult decisions being made by HBs concerning waiting times and performance and that a quarter of WHSSC expenditure was on elective services, with the other three quarters not in this domain.

Sian Lewis advised that the WG NHS Planning Framework stated that WHSSC will develop an ICP on behalf of HBs that must be agreed by the Joint Committee and align with the planning framework and commissioner Integrated Medium Term Plans (IMTPs). SL advised that the ICP was presented for approval predicated on delivery of a challenging savings target.

Sally May (SM) advised that there was a need to be clear on what the MG was for and that some of the feedback was not quite what had been intended and there was a need to be very clear.

SM advised that the difficulty was that the plan had not really moved since the JC last met, and that CTMUHB were not able to support the plan in terms of the overall cost envelope, that it was part of the overall HB IMTP submission and that she could not see a reduction in costs to make it affordable. SM suggested that further discussions be held with the DoF group to understand the position and consider what savings were needed.

	Rob Holcombe (RH) outlined a number of concerns around investments and advised ABUHB were not in a position to support the plan without further information. RH advised that there was a need to take a more risk based approach on underlying considerations and how we manage in year, and that historically, there had always been underspends within the WHSSC plan, and it should not include any slippage in costs. Stephen Powell (SP) echoed the concerns of others and advised that PtHB were not in a position to sign off the final plan on behalf of the Board at this time and advised that the overall uplift of nearly 6% was far more than they would put into provider, and was too high. The £10million forecast savings equated to 1%, and the minimum requirement was of a 2% savings target – more work was needed to understand cost drivers and expected outcome. Chris Stockport (CS) advised that SM had covered all of the issues and that BCUHB were not in a position to support the plan. Lee Davies (LD) advised he had nothing further to add and that the HDdUHB position was aligned with others. Nerissa Vaughan (NV) advised the SBUHB position aligned with HDdUHB. Suzanne Rankin (SR) advised she had nothing to add. Sian Lewis (SL) summarised discussions and acknowledged the overall message on affordability, advised that members had put forward some helpful areas that WHSSC could look at on recurrent and non-recurrent growth and the inflationary uplift, and that further discussions were required in light of the concerns raised. The Chair confirmed there were difficult discussions needed. Stacey Taylor (ST) advised that SL had provide a useful summary and that she would go back around the position. She advised that it needed to be noted that the financial position was getting worse and that it was not possible to mitigate through non-recurrent measures and that WHSSC could only put forward a credible plan on the basis of current trajectories. To make this better the JC will have to make difficult decisions. To deliver £10m savings on a budget with no provider base was incredibly hard to do. ST advised that it took time to deliver efficiencies, in common with other organisations, and that further risks had been identified since month 8.

	The Chair thanked everyone for their comments and acknowledged there was a need to get into difficult conversations and potentially stop services, but that this work was unlikely to realise savings in 2024/25. SM advised that she recognised this was a difficult ask, but a 2% savings target was clear from WG across the expenditure, and suggested to arrange a meeting with HB DoFs to discuss in more detail. ST and SM agreed to discuss outside of this meeting. RH advised that he appreciated the challenge on commissioning decisions versus the other factors driving the plan and that it would be interesting to know how much demand in the previous year 2023-24 was due to recovery from Covid-19, and queried if a repeat would be seen next year. RH advised he was supportive of further discussion with DoFs and that the easiest way to make saving was to not do things and suggested another look at quality impact assessments. SL reflected on the risks based on only having a financial conversation, and advised there was a need to deal with whole system risks. SL reassured members there was an ongoing programme of work looking at the £800million core budget including rebasing contracts. There are ongoing difficult conversations alongside the constant review of delivering within the financial envelope. SR advised that it was a difficult scenario and that she was disinclined to repeat the process of scrutiny already carried out, as this would provide the same outcome. SR expressed concern regarding the inability to deliver services which could potentially cause harm to patients and that she was worried about delaying decisions. SR encouraged members to have further conversations regarding what services to provide, as patients will still need the care and we need a plan on how to deliver that care. Members noted that plans were due to be submitted to WG by end of March 2024. Carolyn Donoghue (CD) echoed SR's response and advised that there was no point going through the same loops that had already been undertaken, as the figure required had still not been quantified. CD suggested to provide the requested figure and work backwards on the service then review. This conversation will be more beneficial due to the timescales on moving forward with the plan. NV advised there were big strategic decisions required rather than discussing the rate of inflation. Demand management was in the

	HBs own hands and that HBs should be content to identify there will be challenges and accept it them. Chantal Patel (CP) advised that she agreed with SR and CD and queried how much freedom WHSSC had regarding determining the disinvestments. The Chair responded, and advised there were two issues - permission and process. ST added that there was financial risk and a limited pot of money for specialised services. SL added that service change was always difficult. It did involve engagement and consultation but it was difficult for patients and HBs. The Joint Committee could give WHSSC authority, but the engagement and consultation process had multiple steps that would take time to work through. ST agreed with SR and advised that WHSSC needed to take some strong commissioning decisions based on safety going forward. The Chair summarised the position and acknowledged that HB members had expressed difficulty in supporting the plan at present, that they felt there had not been a decrease in costs, and that additional work was required on understanding the assumptions of growth and what was non recurrent and recurrent. The Chair advised that the MG had based their discussion on new investment on patient safety and that we were at the edges of what we could shave and trim and this was only £0.7m of the investment plan. The Chair advised that whilst it was appreciated the request to look at the underlying position and that the WHSSC team were happy to look at this, we were not confident that the outcome will be different. The Chair thanked everyone for their contributions and advised that the WHSSC team will reflect following today's discussion and bring the revised plan back to a Joint Committee meeting in March 2024, with the understanding that no HB Board was in a comfortable position currently. The Joint Committee resolved to: • **Noted** the report and presentation; and • **Discussed** the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government, and agreed that further work be undertaken. It was suggested that a further presentation is provided to NHS Wales Directors of Finance peer group and other colleagues in the context of the 3.67% allocation uplift, savings and choices,

	and that the plan be brought back to the Joint Committee meeting in March 2024 for approval.
JC24/027	**3.1 Any Other Business** No additional items of business were raised.
JC24/028	**3.2 Date of Next Meeting (Scheduled)** The JC noted that the next scheduled meeting would be held on 27 March 2024 (moved from 19 March). The meeting closed at 10.25hrs.

Chair's Signature: .....

Date:.....

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

JOINT COMMITTEE MEETING
Action Log
For Meeting being held on 19 March 2024

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
19 September 2023					
JC23/010	**JC23/125 - Revision to Financial Delegated Limits** A query on the large numbers of IPFR approval in 2022-2023 below £50k was raised and further analysis was requested. **ACTION:** JL to share additional detail of IPFR approvals for 2022-23 under £50k with the Joint Committee.	JL	January 2024	**07.11.2023 –** This is currently in progress and the information will be circulated outside of the November 2023 JC meeting. **12.3.24 –** Information was shared outside of the meeting. **Action Completed.**	**CLOSED**
JC23/011	**JC23/130 - South Wales Trauma Network Delivery Assurance Group Report (Q1)** **ACTION:** Additional detail around evaluation, mortality information and outcomes to be included in future reporting.	NJ	January 2024	**07.11.2023 –** WHSSC met with the Network Manager of the MTN DAG and requested the additional detail around evaluation, mortality information and outcomes. The next update to JC will be in January 2024. **12.3.2024 –** the item was on the agenda and was received on the 20 January 2024. **Action Completed.**	**CLOSED**

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
30 January 2024					
JC23/013	**JC24/006 - Integrated Commissioning Plan (ICP)** **ACTION**: WHSSC to have further discussions with the Management Group and other colleagues on the clinical effectiveness, access, demand and choices available as well as consideration of any agreed position regarding the handling of the inflationary uplift. The Integrated Commissioning Plan (ICP) to be brought back to an Extraordinary JC in February 2024 for approval prior to being submitted to WG.		February 2024	**27.02.2024** – The ICP was discussed with the Management Group on 22 February 2024 and was re-presented to the Extraordinary JC meeting on 27 February 2024. **Action Completed.**	**CLOSED**
JC23/014	**JC24/012 - Mental Health Specialised Services Strategy for Wales 2024/25-2028/29** **ACTION**: Confirm if cross border digital systems had been included in	DR / EK	February 2024	**04.03.2024 –** The cross border digital systems issues have been considered, and will be explored in more detail as part of the information work stream. **Action Completed.**	**CLOSED**

Action Ref	Minute Ref and Action	Owner	Due Date	Progress	Status
	the risk assessment for the MH strategy work.				
JC23/015	**JC24/018 - South Wales Trauma Network Delivery Assurance Group** **ACTION**: An update on the TARN database and the local SWTN local database to be provided at the March 2024 JC meeting.	NJ	May 2024	**04.03.2024 –** This will be on the JCC Agenda for May 2024. Not yet due.	**OPEN**

Report Title	**Integrated Commissioning Plan (ICP) 2024 – 2025**	**Agenda Item**	3.1
Meeting Title	**Joint Committee**	**Meeting Date**	19/03/2024
FOI Status	Open/Public		
Author (Job title)	Assistant Director of Planning		
Executive Lead (Job title)	Director of Planning and Performance		

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

Recommendation(s):

Members of Joint Committee are recommended to:

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

INTEGRATED COMMISSIONING PLAN (ICP) 2024-2025

1.0 SITUATION

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

2.0 BACKGROUND

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

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

3.0 ASSESSMENT

3.1 Governance and Decision Making

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

DATE	ACTION
May 2023	Commissioning intentions issued
10/07/23	Response to Commissioning intentions
10/07/23	Horizon scanning/prioritisation day
10/08/23	Clinical Impact Assessment Group (CIAG) Day
August 23	First cut risk assessment of uncommitted expenditure (10/20/30)
02/10/23	First draft to the Corporate Directors Groups Board (CDGB)
26/10/23	First draft to the Management Group
21/11/23	First draft to the Joint Committee
Nov-Dec 23	An enhanced risk assessment and Quality Impact Assessment process
12/12/23	Management Group Workshop
14/12/23	Joint Committee Workshop
18/01/24	Management Group Workshop (detailed finance discussions)
30/01/24	Plan submitted to the Joint Committee for approval – not approved – request for further discussions with the Management Group
22/02/24	Management Group Workshop
27/02/24	Extraordinary Joint Committee
27/03/24	Joint Committee

The Management Group workshop 22 February 2024 presented a range of choices for consideration and discussion in the areas of:

- Clinical Effectiveness/Commissioning Policies
- Prioritised investments
- Access
- Demand Management

Helpful discussions took place, with advice given that:

- the proposed commissioning policy scoping work should be taken forward as laid out in the ICP 2024/25,
- there was hesitation with regard to reducing the prioritised investments on the basis they had been prioritised on patient safety; and
- there was recognition that issues of demand management and access would need a system wide response.

All members agreed to brief their respective Chief Executives in advance of the extraordinary Joint Committee meeting scheduled for 27 February 2024.

3.2 The Plan

The 2024-2025 ICP is attached at ***Appendix 1***. In recognition of the austere financial context within which the plan has been developed, there is a heavy emphasis upon value, recommissioning and efficiency within this ICP. An enhanced risk assessment and Quality Impact Assessment process has also been undertaken on services which were identified as in need of investment through the CIAG system, as well as uncommitted expenditure schemes from previous plans. These have informed the final choices on the balance of investment and risk management in the final Plan.

The Plan includes sections as follows:

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

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

- List of acronyms,
- 2023-2024 achievements,
- Ministerial priorities,
- Summary of risk assessments,
- Detailed financial plans; and
- Minimum data set.

3.3 Financing the Plan

Table 1: The summary of the financial plan.

WHSSC ICP Indicative Requirement 2024/25	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2024-25 Total Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2024-25 Opening Income (M8 plus later allocations)	152.861	167.590	138.884	116.383	91.073	33.165	100.716	800.673
M8 23-24 Outturn Forecast	(1.294)	(1.672)	(2.609)	(1.771)	(1.385)	(0.217)	(0.773)	(9.722)
Reinstate Non-Recurrent Writebacks	2.832	3.150	2.252	2.030	2.005	0.896	2.107	15.274
Adjustments for Non Recurrent Performance	2.619	4.374	3.056	1.692	0.882	0.396	0.742	13.761
Full Year Effect of Prior Commitments	0.356	0.179	0.366	0.243	0.238	0.065	0.351	1.799
B/F Recurrent Position	4.514	6.031	3.065	2.193	1.742	1.140	2.426	21.112
Unavoidable New Activity Growth & Cost Pressures	1.053	1.878	0.978	0.812	0.706	0.225	0.698	6.350
NICE Growth	0.375	0.446	0.317	0.284	0.246	0.084	0.248	2.000
Savings & Re-Commissioning Schemes	(1.699)	(3.061)	(1.510)	(1.001)	(0.833)	(0.547)	(1.349)	(10.000)
CIAG & Prioritisation Schemes	0.186	0.023	0.152	0.135	0.110	0.020	0.125	0.751
Strategic Priorities - South Wales Thrombectomy	0.101	-	0.083	0.069	0.067	0.012	0.074	0.406
B/F Deficit, Growth, Savings & Developments	4.531	5.316	3.085	2.492	2.038	0.934	2.223	20.619
Non Pay Inflation Uplift	2.151	1.440	1.878	1.619	1.229	0.327	1.395	10.039
NHS England	0.686	2.204	0.479	0.469	0.379	0.351	0.408	4.977
ICP Investment 2024-25	7.367	8.960	5.442	4.580	3.646	1.613	4.027	35.635
Total WHSSC Funding 2024-25	160.229	176.551	144.326	120.963	94.719	34.778	104.743	836.308
% Uplift Required	**4.82%**	**5.35%**	**3.92%**	**3.94%**	**4.00%**	**4.86%**	**4.00%**	**4.45%**

4.0 RECOMMENDATIONS

Members of Joint Committee are recommended to:

- **Note** the report; and
- **Receive** and **approve** the Integrated Commissioning Plan 2024-2025 prior to its submission to Welsh Govern

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	The development of the Integrated Commissioning Plan is a requirement contained within the NHS Planning framework
Link to Integrated Commissioning Plan	This report presents the Integrated Commissioning Plan
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Only do what is needed Care for Those with the greatest health need first Reduce inappropriate variation
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement The health and social care workforce is motivated and sustainable Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcome
Organisational Implications	
Quality, Safety & Patient Experience	The ICP has quality, safety and patient experience at its core
Finance/Resource Implications	There are financial implications related to the realisation of the ICP which will be outlined in the final report
Population Health	The ICP responds to the tertiary needs of the welsh population and seeks to outline priority areas for commissioning to meet those needs
Legal Implications (including equality & diversity, socio economic duty etc)	The ICP has been developed with regard the relevant legislative requirements, including considerations of those with protected characteristics
Long Term Implications (incl WBFG Act 2015)	The ICP has been developed with long term implications in mind. I.e. many of the investment areas identified within the plan relate to sustainability
Report History (Meeting/Date/ Summary of Outcome	As outlined within section 3.1 of the report.
Appendices	Appendix 1 – Integrated Commissioning Plan (ICP) 2024-2025

WELSH HEALTH SPECIALISED SERVICES COMMITTEE

INTEGRATED COMMISSIONING PLAN 2024/2025

GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

FOREWORD

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

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

Dr Sian Lewis
Managing Director

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

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

Kate2Eden
Chair

CONTENTS

LIST OF APPENDICES		
	APPENDIX A	LIST OF ACRONYMS
	APPENDIX B	ACHIEVEMENTS FROM 2023/24 ICP (Q3 ICP report)
	APPENDIX C	MINISTERIAL TEMPLATES
	APPENDIX D	SUMMARY OF RISK ASSESSMENTS
	APPENDIX E	DETAILED FINANCIAL PLANS
	APPENDIX F	MINIMUM DATA SET

1. PURPOSE AND INTRODUCTION

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

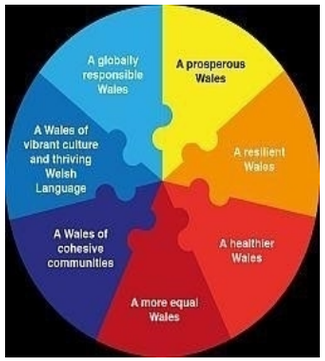
Each year Welsh Government (WG) issues the 'NHS Wales Planning Framework' that requires Health Boards to develop and deliver Integrated Medium Term Plans (IMTPs) which triangulate service, finance and workforce. Within this Framework, as a national supporting organisation, WHSSC is required to "develop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

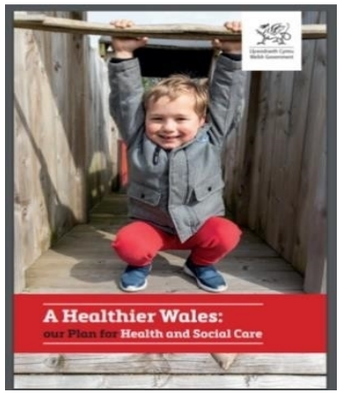
We have responsibility for commissioning over £752 million of specialised services for the Welsh population and to maximise the value from investing these resources. Our Operating Model includes functional directorates (patient care, medical, planning, finance and corporate services) which integrate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

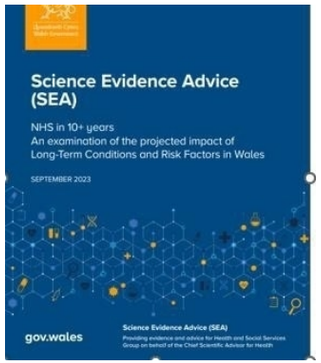
In 2023 the Joint Committee agreed the Specialised Services Strategy and this Plan is designed within the framework of delivering its Aims and objectives. The financial context within NHS Wales means that intelligent, robust, strategic commissioning is more important now than ever, as such our overarching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

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

2. NATIONAL STRATEGIC CONTEXT







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

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

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

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

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

3. THE CONTEXT FOR SPECIALISED SERVICES COMMISSIONING

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

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

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

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

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

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

3.1 PLANNING CONTEXT

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

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

3.1 PLANNING CONTEXT

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

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

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

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

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

3.2 FINANCIAL CONTEXT

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

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

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

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

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

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

3.2 FINANCIAL CONTEXT

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

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

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

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

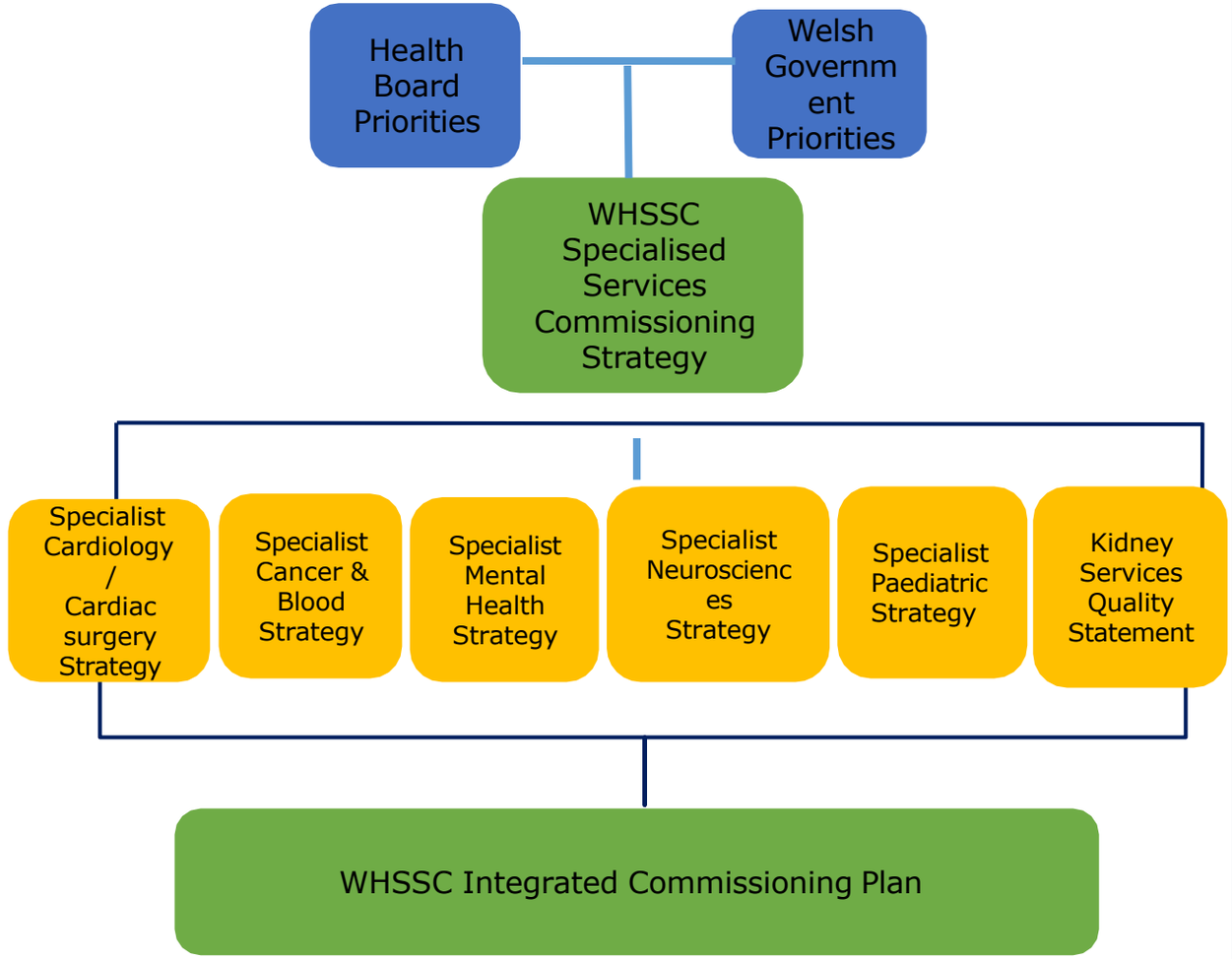
Furthermore, a triangulated assessment has been undertaken to understand as far as possible, our new unavoidable demand growth for 2024/25 in the context of limited system funding available to support expediential growth in specialist services. Our 2024/25 plan aims to mitigate this through a realistic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

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

4. SPECIALISED SERVICES STRATEGY

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

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



4.1 STRATEGIC AIMS : FRAMEWORK FOR THE PLAN

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

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

5. HOW THE INTEGRATED COMMISSIONING PLAN IS DEVELOPED

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

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

DEVELOPMENT OF INTEGRATED COMMISSIONING PLAN

5.1 PRIORITISATION PROCESSES AND INVESTMENT DECISIONS

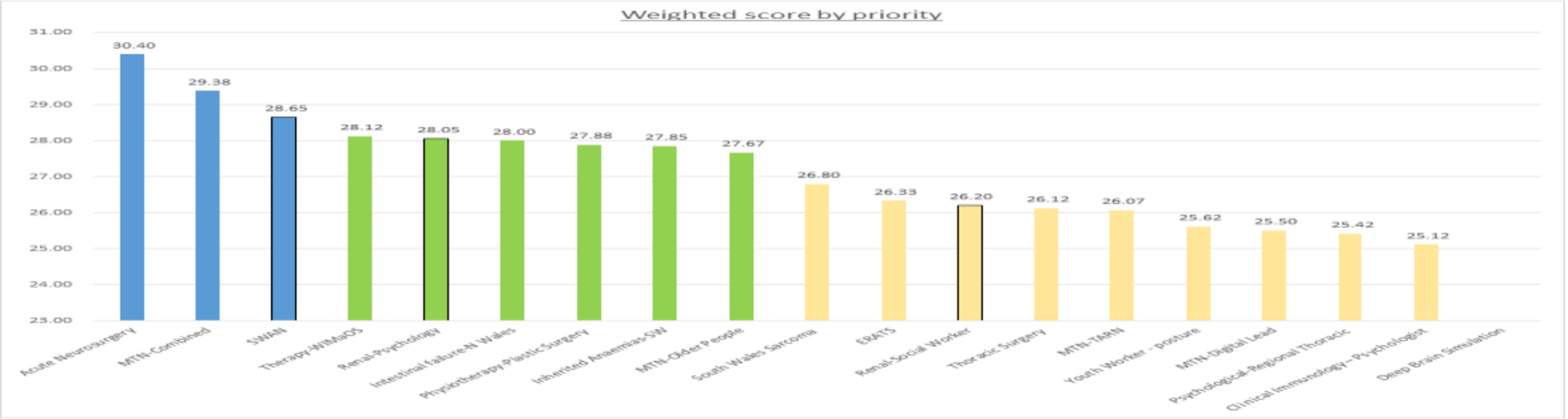
There are a two prioritisation processes that run each year as part of the ICP development. This year we have also undertaken an enhanced risk assessment process using the Quality Impact Assessment tool. Through these processes informed investment choices have been made in the context of the Duty of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

HORIZON SCANNING AND CLINICAL IMPACT/PRIORITISATION

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

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

CIAG Outcome and Horizon Scanning



New Interventions Outcome

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

5.2 RISK ASSESSMENT FOR INVESTMENT DECISIONS

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

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

5.3 PRIORTISED INVESTMENT DECISIONS

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

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

5.4 NEW SERVICES PROPOSED FOR NATIONAL COMMISSIONING

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

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

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

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

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

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

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

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

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

Performance Scorecard

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

6.1 QUALITY AND ESCALATION

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

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

6.2 CURRENT COMMISSIONER RISKS

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

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

6.2 CURRENT COMMISSIONER RISKS

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

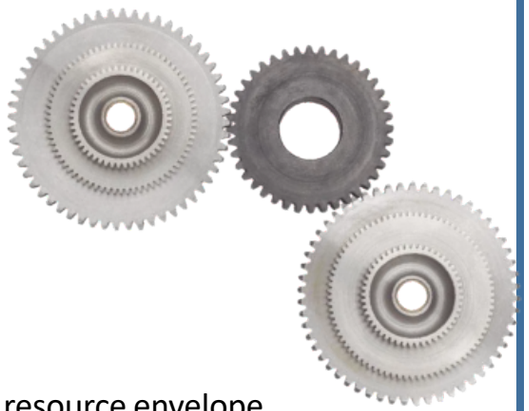
6.2 CURRENT COMMISSIONER RISKS

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

7. SUMMARY OF THE DRIVERS RESULTING IN THE COMMISSIONING PRIORITIES

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

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

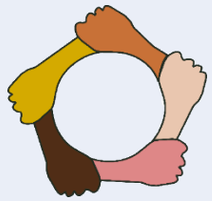
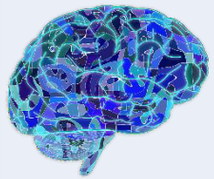
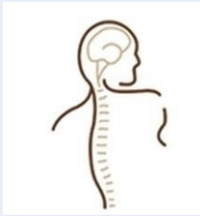


As such our commitment remains extant which to maximise value from our core resources by:

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

8. COMMISSIONING PRIORITIES 2024/2025

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

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

8.1 CANCER & BLOOD CONTEXT

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

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

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

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

8.1 CANCER & BLOOD : PLAN

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

8.1 CANCER & BLOOD : PLAN

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

8.1 CANCER & BLOOD : PLAN

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

8.1 CANCER & BLOOD : PLAN

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

8.1 CANCER & BLOOD : PLAN

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

8.2 CARDIAC CONTEXT

- WHSSC commissions cardiac specialised services to the value of approximately £110 million from Welsh providers, alongside services from a number of English providers for the population of North and Mid Wales. Approximately 14,000 patients per annum access WHSSC-commissioned cardiac services, of which some 1,800 undergo cardiac surgery.
- Major WHSSC-commissioned services include the two Cardiac Surgery Centres in Cardiff & Vale and Swansea Bay University Health Boards, the All Wales Adult Cystic Fibrosis Centre at the University Hospital Llandough, the obesity surgery service provided by the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) at Swansea Bay University Health Board, and the Level 2 ACHD Centre at the University Hospital of Wales in Cardiff. WHSSC's larger English providers of cardiac services include Liverpool Heart and Chest Hospital and Imperial College Healthcare NHS Trust.
- **Re-commissioning and value:** For 2023/24, the Cardiac Commissioning Team's goals are focussed on optimising and recommissioning WHSSC's cardiac provision. The Team will seek to expedite those services reviews already in progress, undertake new analyses intended to identify how commissioning models may be improved or rethought, and consider scope for service innovation during a period of significant financial strain.
- To this end, the Commissioning Team will:
  - Bring forward delivery of the Cardiac Review Phase 2 and its objective of a new service model for the delivery of cardiac surgery and TAVI
  - Seek to Commission Level 4 obesity surgery services that integrate seamlessly with the wider All-Wales Weight Management Pathway and which provide equitable access for all Welsh patients
  - Identify the preferred service model for the delivery of WHSSC-commissioned Inherited Cardiac Conditions services
  - Undertake a review of WHSSC-funded device services with the aim of ensure efficient and consistent provision across Health Board, cognisant of increasing numbers and recent repatriations
  - Seek to commission Cystic Fibrosis services whose configuration reflects the impact of CFTR modulators on the long-term management of patients with Cystic Fibrosis.

- **New therapies:** WHSSC has not prioritised the development of any new services in the cardiac portfolio, although the Commissioning Team will seek to deliver ICC and PH services that, in line with those objectives contained in last year's plan that were paused as a result of funding pressures, improve the experience of patients and, where possible, deliver care closer to home. Moreover, the Cardiac Commissioning Team will continue to monitor and, where possible, ameliorate the impact of known service pressures.

8.2 CARDIAC : PLAN

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

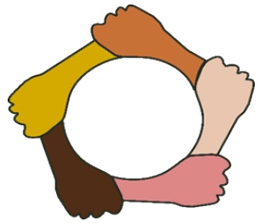
8.2 CARDIAC : PLAN

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

8.2 CARDIAC : PLAN

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

8.3 MENTAL HEALTH & VULNERABLE GROUPS CONTEXT



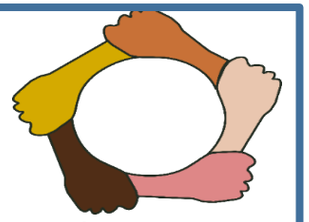
Mental Health

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

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

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

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



Vulnerable Groups

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

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

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

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

8.3 MENTAL HEALTH : PLAN

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

8.3 MENTAL HEALTH : PLAN

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

8.3 MENTAL HEALTH : PLAN

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

8.3 MENTAL HEALTH : PLAN

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

8.3 MENTAL HEALTH : PLAN

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

8.3 MENTAL HEALTH : PLAN

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

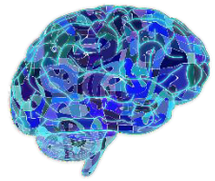
8.3 VULNERABLE GROUPS : PLAN

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

8.3 VULNERABLE GROUPS : PLAN

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

8.4 NEUROSCIENCES AND LONG TERM CONDITIONS CONTEXT



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

8.4 NEUROSCIENCES : PLAN

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

8.4 NEUROSCIENCES : PLAN

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

8.4 NEUROSCIENCES : PLAN

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

8.4 NEUROSCIENCES : PLAN

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

8.4 NEUROSCIENCES : PLAN

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

8.5 WOMEN AND CHILDRENS : CONTEXT

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

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

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

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

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

8.5 WOMEN AND CHILDRENS : PLAN

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

8.5 WOMEN AND CHILDRENS : PLAN

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

8.5 WOMEN AND CHILDRENS : PLAN

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

8.6 NETWORK DEVELOPMENT & DELIVERY

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

WHSSC COMMISSIONED NETWORKS

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

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

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

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

WHSSC COMMISSIONING/DELIVERY NETWORKS

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

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

8.6.1 WELSH KIDNEY NETWORK CONTEXT

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

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

The WKN Commissioning portfolio covers the following areas:

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

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

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

8.6.1 WELSH KIDNEY NETWORK : PLAN

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

8.6.1 WELSH KIDNEY NETWORK : PLAN

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

8.6.1 WELSH KIDNEY NETWORK : PLAN

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

8.6.1 WELSH KIDNEY NETWORK : PLAN

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

8.6.1 WELSH KIDNEY NETWORK : PLAN

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

8.6.2 MAJOR TRAUMA CONTEXT

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

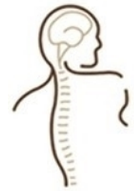
Since its launch, the Network has been subject to a First Year Evaluation which identified that, although the Network remains in its infancy, there is measurable evidence of its positive impact. The Network has also undergone its first Peer Review, which acknowledged the Network's successes, and which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

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

8.6.2 MAJOR TRAUMA NETWORK : PLAN

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

8.6.3 SPINAL NETWORK CONTEXT



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

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

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

8.6.3 SPINAL SERVICES : PLAN

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

8.7 CROSS CUTTING DELIVERABLES : PLAN

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

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

8.7 CROSS CUTTING DELIVERABLES: PLAN

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

8.7 CROSS CUTTING DELIVERABLES : PLAN

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

9. THE GOVERNANCE OF THE PLAN

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

10. QUALITY AND PATIENT SAFETY

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

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

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

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

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

11. FINANCIAL PLAN

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

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

WHSSC does not have a statutory financial duty as a Joint Committee of all Health Boards, however, it takes very seriously its responsibility to deliver value for money and contribution to Health Board's financial duty. The 2023/24 financial position has delivered considerable in-year non recurrent opportunities through the pausing or stopping of planned developments. Increased performance delivery in NHS Wales, has resulted in a £20m cost pressure in the financial performance of WHSSC during this year. In year costs pressures have been robustly assessed alongside any provisions for developments during 2024/25, through the lens of patient safety.

The key underlying financial principles that underpin this plan are:

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

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

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

11. FINANCIAL PLAN

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

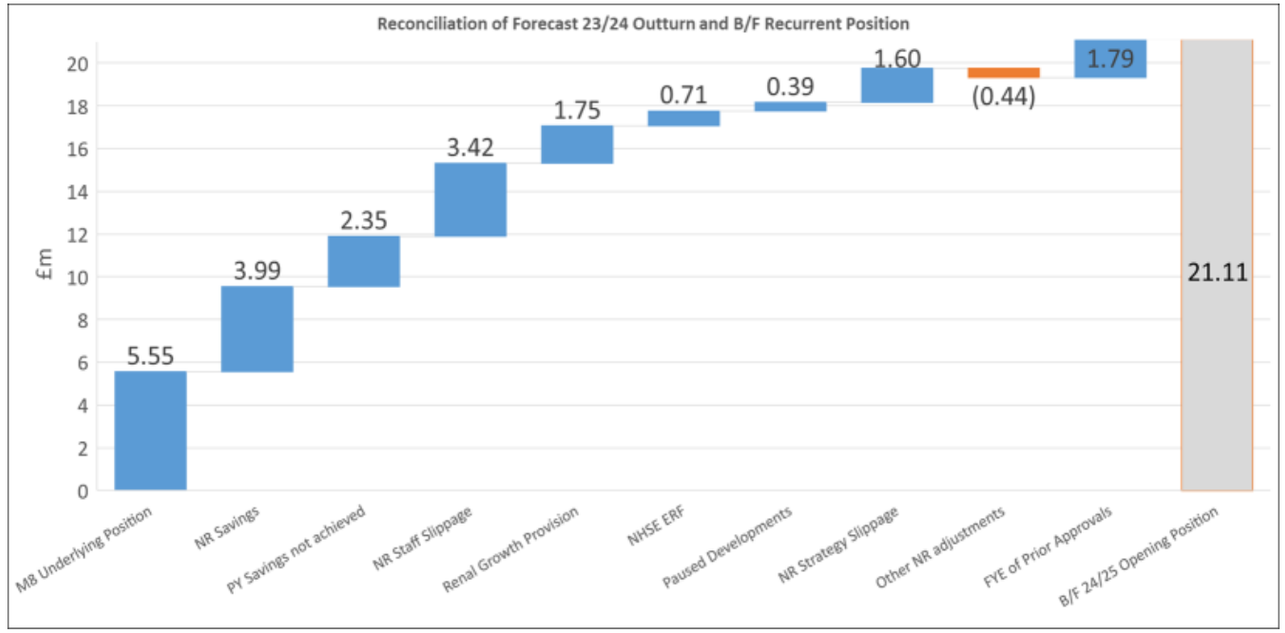
The overall allocation increase for WHSSC is 4.45% that includes a non pay inflator of 3.2%.

WHSSC ICP Indicative Requirement 2024/25

	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2024-25 Total Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2024-25 Opening Income (M8 plus later allocations)	152.861	167.590	138.884	116.383	91.073	33.165	100.716	800.673
M8 23-24 Outturn Forecast	(1.294)	(1.672)	(2.609)	(1.771)	(1.385)	(0.217)	(0.773)	(9.722)
Reinstate Non-Recurrent Writebacks	2.832	3.150	2.252	2.030	2.005	0.896	2.107	15.274
Adjustments for Non Recurrent Performance	2.619	4.374	3.056	1.692	0.882	0.396	0.742	13.761
Full Year Effect of Prior Commitments	0.356	0.179	0.366	0.243	0.238	0.065	0.351	1.799
B/F Recurrent Position	4.514	6.031	3.065	2.193	1.742	1.140	2.426	21.112
Unavoidable New Activity Growth & Cost Pressures	1.053	1.878	0.978	0.812	0.706	0.225	0.698	6.350
NICE Growth	0.375	0.446	0.317	0.284	0.246	0.084	0.248	2.000
Savings & Re-Commissioning Schemes	(1.699)	(3.061)	(1.510)	(1.001)	(0.833)	(0.547)	(1.349)	(10.000)
CIAG & Prioritisation Schemes	0.186	0.023	0.152	0.135	0.110	0.020	0.125	0.751
Strategic Priorities - South Wales Thrombectomy	0.101	-	0.083	0.069	0.067	0.012	0.074	0.406
B/F Deficit, Growth, Savings & Developments	4.531	5.316	3.085	2.492	2.038	0.934	2.223	20.619
Non Pay Inflation Uplift	2.151	1.440	1.878	1.619	1.229	0.327	1.395	10.039
NHS England	0.686	2.204	0.479	0.469	0.379	0.351	0.408	4.977
ICP Investment 2024-25	7.367	8.960	5.442	4.580	3.646	1.613	4.027	35.635
Total WHSSC Funding 2024-25	160.229	176.551	144.326	120.963	94.719	34.778	104.743	836.308
% Uplift Required	**4.82%**	**5.35%**	**3.92%**	**3.94%**	**4.00%**	**4.86%**	**4.00%**	**4.45%**

11. FINANCIAL PLAN

The movement between the 2023/24 underlying position of £5.5m and the 2024/25 carry forward financial challenge of £21.1m is illustrated below:



Developmental spend for the duration of this plan has been kept to a minimum. Previously prioritised but uncommitted expenditure as well as new CIAG schemes for 2024/25 have been assessed and considered in the context of safety risk. Following a robust risk assessment process there are a number of previously identified schemes that have been prioritised for safety reasons that were paused during 2023/24, recommended to be reinstated for 2024/25. This financial plan includes the financial provision for the six highest scoring risk assessed schemes for safety equating to £2.5m in total. For schemes that have not yet started, these have been phased into the later part of the year.

In addition, the current expenditure trajectory to meet demand in certain services are exponentially increasing and therefore increasing cost pressures in the following contributing factors can not be ignored: Therefore, the WHSSC unavoidable cost pressure is currently assessed at £6.350m in addition to £2m for NICE drugs:

Unavoidable Growth & Cost Pressures	2024/25 £m
PET Scan volume & new indications	1.100
IPC High Cost Drugs growth	1.000
Clinical Immunology	0.750
Haemophilia - Blood products	0.750
PICU & HDU Reconfiguration	0.600
North West England Volume Growth	1.000
Growth & ISP Inflation	1.150
Total Unavoidable Growth	**6.350**

11. FINANCIAL PLAN

Savings - The Welsh Government financial framework requires organisations to deliver a 2% savings target as a minimum. The translation of this to the WHSSC plan has been considered in the context of influence-able spend as it has no direct influence over frontline provider cost base for services delivered. However, WHSSC has assessed this against its Drug, non NHS Wales and Independent Sector expenditure that equates to circa. £330m i.e. a £10m savings target equates to an efficiency target of 3%. The table below indicates the areas that will be targeted over the next year to realise this.

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

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

- Further Paediatric outsourcing to maintain waiting times (c. £300k)
- Cryopreservation ovarian/testicular tissue for children at risk of infertility (£500k)
- English provision for changes to specialist top up's and inflationary increases

11. FINANCIAL PLAN

Value and Sustainability

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

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

12. ENABLING DELIVERY OF THE PLAN

Digital & Prudent

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

Workforce

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

Core Competency

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

Finance & Value

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

Once for Wales

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

13. THE NEW JOINT COMMISSIONING COMMITTEE

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

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

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

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

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

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

APPENDICES

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

APPENDIX A - List of Acronyms A-Z

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

APPENDIX B

QUARTER 3
ICP DELIVERY REPORT

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

Quarter 3 Update

WHSSC

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

Key

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

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

Updates from Q2 Report in blue text

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status

1. CANCER & BLOOD COMMISSIONING TEAM

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

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

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Neuroendocrine Tumours (NETS)				
To consider commissioning a provider within south Wales to repatriate the service for patients with NETs (in accordance with WHSSC's designation process).	Radioligand therapy (PRRT) for NET: designation and repatriation to south Wales.	Quality and sustainability assessment completed. Final decision delayed due to on-going discussions relating to the cost to commissioners and value for money of the proposal from Velindre Cancer Centre (VCC). Meeting arranged between the Directors of Planning in WHSSC and VCC to resolve – February 2024.	Patients continue to have access to PRRT via the current pathway to Royal Free.	**Q2*.** **Re-profiled to Q4.**
Autologous Haematopoietic Stem Cell Transplantation for people with previously treated relapsing remitting multiple sclerosis (MS)				
Complete stakeholder consultation and publish commissioning policy updated with new indication.	Commissioned pathway for bone marrow transplant (BMT) for patients with MS	Policy clinically agreed and approved by policy group for consultation. Discussions in progress with referrers and providers to finalise the pathway (delays due to challenges agreeing post- transplant follow up pathway particularly capacity at local BMT service).	Patients are referred via Individual Patient Funding Request (IPFR).	**Q2*** **Re-profiled to Q4.**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Mesothelioma				
To commission a host health board for Mesothelioma Multi-Disciplinary Team (MDT): Agree service model Undertake provider designation process Identify resources in the system and transfer from Health Boards to WHSSC Funding release and contract agreement	Fully commissioned Mesothelioma service	This development has been paused due to inclusion in WHSSC's Financial Improvement Options and prioritisation for the ICP 2024/25.	Low impact. Patients have access to treatment via existing pathways.	**Q2 ***

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Specialist Radiotherapy Molecular Radiotherapy (MRT)				
Work to commission MRT in alignment with the all Wales strategic programme and National Institute for Health and Care Excellence (NICE) guidance.	Access to MRT for Welsh patients in line with NICE guidelines	NICE has not recommended Lutetium 177 for the treatment of prostate cancer (TA930, Nov 2023). Therefore, no current action required as has not been agreed for routine commissioning. At this point in time, it is not known if the manufacturer will make a further submission to NICE.	Patients continue to be treated according to existing guidance.	**Q4 closed**
Haematology and Immunology				
To implement WHSSC's commissioning remit in haematology and immunology.	Improved patient access. Improved quality and sustainability.	Project Board and work-streams in progress since October.	Patients continue to be treated according to existing pathways.	**Q4** **Ongoing**
Establish a project plan to implement the recommendations of the haematology and immunology commissioning review undertaken in 2022/23.		On-track. Project due to complete in 2025/26.		

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Plastic Surgery				
To develop and agree arrangements for the commissioning of plastic surgery in Wales. To establish project structure and timelines for the re-alignment of commissioning responsibilities between WHSSC and health boards respectively.	Improved capability to innovate and develop pathways to improve patient care and outcomes.	The Project Board met in September and December. Clinical working groups held in Sept, Oct and Nov. Draft list of specialised plastics procedures agreed. On-track. Due to complete March 2025.	Patients continue to be treated according to existing pathways.	**Q4** **Ongoing**
Chimeric Antigen Receptors Cell Therapy (CAR-T)				
To work with stakeholders to implement NICE guidance for CAR-T therapies.	Equitable access for patients in Wales to effective treatments to minimise survival and quality of life.	Additional capacity required to meet demand for new NICE approved CAR-T therapy. Meetings held with providers in NHS England with regard to agreeing a pathway for referrals from Wales.	Patients treated at CVUHB or referred to NHSE Trust as prior approval/IPFR.	**Q4** **Ongoing**
To develop commissioning policies and pathways for new CAR-T.		Continuing to progress as planned.		

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Strategic Development of Thoracic Services				
To continue to support and work closely with the project led by Swansea Bay University Health Board (UHB) to establish a single thoracic surgery center at Morriston Hospital for the population of South West, East and Mid-Wales.	Equitable access to high quality and sustainable thoracic surgery for the population of Wales.	The thoracic capital case is currently being assessed as part of the Welsh Government's capital prioritisation process – deadline for Health Board submissions is end of March 2024.		**Q4** **Ongoing**
Hepatobiliary Pancreatic (HPB) Surgery				
To work with stakeholders to advance the strategic development of Hepatobiliary (HPB) pancreatic surgery for welsh residents by; Continuing 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.	The service has not yet been transferred to WHSSC for commissioning and it is unlikely that this will take place in 2023/24. The work is currently being led by the Tertiary and Specialised Services Partnership Board (jointly led by Cardiff & Vale UHB and Swansea Bay UHB).		**Q4** **Ongoing**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Positron emission tomography (PET)				
Installation of a new fixed digital scanner at Positron Emission Tomography Imaging Centre (PETIC) in Cardiff; Swansea and North Wales in development of a business cases to support new fixed digital scanners.	Increased scanning capacity across Wales to meet growing clinical demand. Increased patients access to high quality facilities, optimum scanning and increased access to clinical trials and other research activity	The PETIC scanner was successfully replaced in July 2023 and is delivering extremely high-quality scans to patients. SBUHB and BCUHB business cases are delayed due to limited capital availability and Welsh Government prioritisation process (HB submissions due end of March 2024). Both business cases expected to be completed in Q3 2024/25. These risks and issues are being managed through the Programme Board.	The impact of the delays at SBUHB and BCUHB means that patients continue to receive tests via mobile scanners, with fragility in service due to reliance on mobile vans.	**Q2**
		Other enabling work is nearing completion, such as the implementation of an Electronic Test Referral (ETR) form, data and reporting standardisation for PET sites, workforce training funding, in-depth horizon scanning of PET radiopharmaceuticals, as well as patient and staff questionnaires.		

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

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status

2. CARDIAC COMMISSIONING TEAM

Pulmonary Hypertension (PH) Service				
Improving Access to Pulmonary Hypertension Services by implementing the agreed clinical model Develop a plan to implement the recommendations from 'A Pulmonary Hypertension Service for Wales'. Review demand and capacity needs. Designate a provider. Identify investment requirements	Satellite service will ensure that Welsh patients are able to access PH care closer to home	Draft service specification nearing completion. Service specification will be used to ascertain whether the service provided by Swansea Bay UHB is specialised provision that should be funded by WHSSC ICP objective of developing a new satellite service was included in the WHSSC's Financial Improvement Options and paused for prioritisation in the ICP 2024/25 – not prioritised to proceed.	SBUHB service continuing on a HB-commissioned basis. Patients from South Wales outside the SBUHB area travel to designated providers in England.	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Inherited Cardiac Conditions (ICC)				
Developing a full service model for the delivery of ICC: Implementation of a service specification for ICC. Continued engagement with clinical working group. Development of a proposal for full service model to link with the Phase 1 investment.		Planned allocation of 4x Clinical Nurse Specialist (CNS) and 4x Administrator posts included in the WHSSC's Financial Improvement Options and paused for prioritisation in the ICP 2024/25 – not prioritised to proceed. Work to develop full service model continues to be discussed with the service.	ICC service to be reviewed and re-prioritised in future ICP rounds. Possible regional inequity.	**Q4 ***
Adult Congenital Heart Disease (ACHD)				
Monitor investments into ACHD and work with partners to	Patients on established pathways are able to move between levels of	Monitoring for Q1 complete. All phases will be subject to ongoing oversight via Cardiac Services Risk, Assurance and Recovery meetings.	WHSSC will not be assured that the three-phase investment in the South Wales ACHD service has delivered its planned outcomes.	**Q1 Complete**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Transcatheter Aortic Valve Implantation (TAVI)				
Review of TAVI procedures Development of optimal service model Re-baseline Cardiac and TAVI Appropriate commission Cardiac Surgery Service	Increased access to appropriate cardiac services.	Phase 1 of the Cardiac Review – comprising the planned review of TAVI procedures and re-baselining of Cardiac and TAVI contracts – complete and reported to Management Group (December 2023) and Joint Committee (January 2024). Report findings will be used as basis for negotiation with Health Boards. Phase 2 – which will develop an evidence driven optimal service model and encompass a new cardiac surgery service specification has been commenced and is scheduled for completion during Q4 2024/25.	No patient impact. Outcomes and adherence to TAVI Policy were reviewed and no issues identified. Commissioner financial benefits to be negotiated with provider Health Boards. .	**Q3**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Obesity Surgery				
Support Swansea Bay UHB to deliver commissioned activity. Work with Aneurin Bevan UHB to develop proposals for the health board to become a provider of obesity surgery.	Delivery of the Welsh Government's All Wales Obesity Pathway.	The Welsh Institute of Metabolic and Obesity Surgery (WIMOS) provided by Swansea Bay UHB submitted an investment scheme to the Clinical Impact Assessment Group (CIAG) 2023 process which has been prioritised in the 2024/25 ICP (not prioritised to proceed). A proposal submitted by Aneurin Bevan UHB was assessed using the Designated Provider Framework in Q3. Although of a commendably high standard, the assessment concluded that, in view of current financial pressures, WHSSC was not presently able to fund an additional obesity surgery provider. This finding was endorsed by Management Group in December 2023, and the Health Board informed.	SBUHB currently delivering contract volumes and access times are good for South Wales patients referred into the service.	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status

3. MENTAL HEALTH & VULNERABLE GROUPS

Mental Health Strategy				
Improve all specialist mental health services for Welsh residents. Implement ation of Year 1 of the specialist service strategy for Mental Health. This includes but is not restricted to the priorities outlined below Establish the programme arrangements for the strategy	People requiring specialist mental health services have higher quality services closer to home	Final strategy has been developed and supported by Management Group. Approved by Joint Committee January 2024.	Urgent work will continue to minimise impact to patients, however some work will be delayed during year 1 of the strategy.	**Q3 – Delayed until Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Eating Disorders (ED)				
Commission sustainable provision for Eating Disorders.	Welsh residents have access to high quality eating disorder provision	Four beds have been commissioned from the Independent Sector in Ebbw Vale and Welsh patients have been repatriated from England to these beds. The arrangement will be reviewed in the new year with the potential to commission further beds.	Patients continue to be placed outside of Wales however there is a repatriation plan in place where appropriate.	**Q2** **Ongoing into 2024/25**
Secure short term provision.		Short term provision secured	Service provision continues with placements added to framework where possible.	**Q3**
Options appraisal on further model			Robust service provision delayed. Service provision continues with	**Q3** **Ongoing into 2024/25**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
To enhance the patient pathway and flow between differing components of the secure service for both men and women (inclusive of patients with a learning disability) by;	Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system.	A Single Commissioner model for Mental Health Secure Services has been agreed. The Project Board's inaugural meeting is scheduled for January 2024.	Current service provision continues	**Q4** **Ongoing into 2024/25**
Establish a programme		Programme to implement the Mental Health Specialised Services Strategy currently being developed in line with the final strategy.		
Commission demand and capacity analysis		Final Demand and Capacity Report received October 2023.		
Assess the impact of commissioning all secure service provision for mental health patients in Wales		Complete. Single Commissioner for Secure Mental Health project initiated.		
Identify lead commissioner		Complete. WHSSC Identified as lead commissioner.		

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Mother and Baby Unit (MBU)				
To ensure mothers requiring specialist mental health services have access in a timely way by:	Mothers requiring support are able to access this as close to home as possible in a timely manner.	Work to commence in Q4		**Q4**
Implement the findings of the review into the Mother and Baby Unit in Tonna		Recommendations to continue Tonna service provision.		
To work with NHS England on the Mother and Baby Unit for North Wales patients		Project to develop Mother & Baby Unit with Cheshire and Wirral Partnership underway with 2 beds commissioned for Welsh patients - due to open Autumn 2024.		
Child and Adolescent Mental Health Service (CAMHS)				
To ensure that CAMHS services are available 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.	CAMHS Tier 4 Inpatient Service Specification published December 2023.		**Q3**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Gap analysis and work force models Implementation and resourcing plan Agree with Welsh Government and Health Boards (HBs) any further developments to inpatient services	Implementation of Service Specification	As above	Current CAMHS service specification in place and impact minimal. Work ongoing to revise the service specification in line with timeframe.	**Q3**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Gender Services				
Take forward release of agreed financial resource in order to increase capacity in the Welsh Gender Service	To ensure that Welsh residents have access to non-surgical gender identity services in a timely manner.	Included in WHSSC's Financial Improvement Options and paused for prioritisation in the ICP 2024/25 – not prioritised to proceed.	It will take longer to reduce waiting times if demand stays the same. If demand on the service increases, waiting times could potentially increase.	**Q2**
Continue to monitor and address the waiting list for new and follow up patients.	To ensure that Welsh residents have access to non-surgical gender identity services in a timely manner.	WHSSC are currently exploring the repatriation of open cases from the London Gender Identity Clinic (GIC) to reduce waiting times between appointments for those patients.	Open cases will continue to be under the care of the London GIC but may have longer waiting times between appointments.	**Q4**

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

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Manage risk and continuity of service as a result of the signalled termination of service from the Tavistock and Portman NHS Foundation Trust in NHS England.		WHSSC continue to manage the risks and provide continuity of care	This is essential and in place	
Continue to represent the interests of welsh residents and NHS Wales through the NHS England Children's Gender Dysphoria Work Programme and Work streams		WHSSC are represented on the NHS England programme board and continue to actively represent the interests of Welsh patients.	This is essential and in place.	

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

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

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

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

4. NEUROSCIENCES AND LONG TERM CONDITIONS COMMISSIONING TEAM

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

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Tertiary Thrombectomy Services in South Wales and development of Hyper-Acute Stroke Units (HASUs)				
Address long term commissioning arrangements. Ensure sustainability, deliverability and access of the Mechanical Thrombectomy service.	Delivery of thrombectomy for the South Wales population	High priority, not included in WHSSC's Financial Improvement Options. Business Case for a Thrombectomy Centre was received from CVUHB during August 2023. Funding Release paper was considered by Management Group and approved by the Joint Committee in January 2024.	Service will continue to be delivered in partnership with North Bristol NHS Trust.	**Q1* (Re-Profiled to Q3)**
Specialist Auditory Hearing Service				
Clinical engagement - Undertake a targeted engagement process in line with guidance on NHS service changes in Wales. Progress change as a result of the outcome of the engagement process.	Increases access to specialist auditory hearing services for the population of South Wales.	Joint Committee – approved Engagement Outcome and next steps paper (May 2023). Project Timeline paper completed and approved by Management Group – implementation on-track with high-level timeline. Designated Provider process to establish single centre site and outreach provision underway.	Patients continue to receive care from existing providers	**Q1 Completed.** **Q2 Completed.**
		Draft Service Specification issued for consultation, comments received currently being incorporated.		**Q3 (Re-profiled for Q4)**
		Designated Provider process information sent to provider (CVUHB) – CVUHB Proposal received in January 2024.		**Q3 (Re-profiled to Q4)**

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

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Specialised Rehabilitation Strategy				
To provide a sustainable and equitable delivery model across Wales for Specialist Rehabilitation Services. To work towards achieving national standards.	Explore the development of a Rehabilitation network across Wales. To commission a hyper acute assessment unit for the South Wales region. Review and recommission services on a systematic basis to promote safe, sustainable and high quality service model.	Strategy to be completed in Q4.	Medium impact.	**Q2* (Re-profiled to Q4)**
Neuro-rehabilitation service				
Develop a safe and sustainable Neuro-rehabilitation service for the South West	Strengthened clinical pathway ensuring timely access to specialised	Received business case from the SBUHB Neurorehabilitation service in Q3.	Medium impact - there are a number of posts which are critical for business	**Q2**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
rehabilitation service for the South West Wales region which meets national standards and improves the flow of patients through the clinical pathway. Development of an All Wales Specialist Rehabilitation service specification. Development of a Business Case for workforce investment. Agree quality standards to measure and mprove patient outcomes and experiences.	rehabilitation treatment	Develop a safe and sustainable Neuro-rehabilitation service for the South West	continuity. Scheme will be reconsidered for ICP 2025/26.	

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Development of the Case Manager role and establishment of the Rehabilitation coach posts.				
Enhanced Prolonged Disorders of Consciousness (PDOC) care Pathway				
Development of an All Wales Specialist Rehabilitation service specification which will include PDOC pathway. Development of a Business Case for workforce investment. Agreement of quality standards to measure and improve patient outcomes and experiences.	Robust clinical pathway for patients with Prolonged Disorders of Consciousness that meets national standards and the National Clinical Guidelines (2020)	High priority, not included in WHSSC's Financial Improvement Options. Business case received from CVUHB in December 2023. Funding Release paper scheduled for Management Group consideration in March 2024.		**Q2 – (Re-profiled to Q3)**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Neurosurgery				
Progress outstanding actions to take forward a Neurosurgery Business case. Equitable access and sustainability and improve the delivery model. Increase theatre capacity and address workforce gaps. Improve access and outcomes. Review commissioning arrangements of some services.	Sustainable service that meets demand requirements.	Included in WHSSC's Financial Improvement Options and paused for prioritisation in the ICP 2024/25 – prioritised to proceed in 2024/25. Business case received from CVUHB.	High impact - there are a number of posts which are critical for business continuity. These are being progressed and are included in the ICP 2024/25.	**Q2***

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status

5. WELSH KIDNEY CLINICAL NETWORK

Increasing Capacity of Unit Dialysis				
Commission additional capacity for unit dialysis patients within the South West Wales region. Focussing on the Neath Port Talbot (NPT) and Bridgend area. The dialysis offering will be on an off-site* location and the need will be incorporated into the ongoing tender which is looking at the whole of the South West Wales (SWW) regional service led by Swansea Bay UHB and undertaken by NHS Wales Shared Services Partnership (NWSSP) Procurement Services. **off-site is a non NHS DGH site*	New purpose built dialysis units that will increase the opportunity for patients to undertake dialysis near to home. By increasing the capacity will have a positive effect on the current unit dialysis service that is being offered via Morriston site, by reducing number of twilight shifts in operation. Releasing pressure off existing staff.	New equipment replacement programme and refurbishment of units within Hywel Dda UHB footprint on target Bridgend site on schedule for Quarter 3 2024 completion. Delay in Programme for Neath Port Talbot site due to site availability and planning approval. Alternative options being explored i.e. temporary unit for Neath Port Talbot area	Medium impact Capacity risk is currently tolerated.	**Q4***

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
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.	Monitoring of trends has identified variation within regional growth. WKN has commissioned a Demand & Capacity review to ensure a sustainable model for meeting the demand of Unit Dialysis. This will include the predictive growth of co-morbidity areas i.e. Diabetes and the potential impact on demand for Kidney replacement therapy.	Minimal impact on funding flow. Medium impact on regional areas managing and flexing the workforce to meet increased demand.	**Q4**
Get It Right First Time (GIRFT) Report				
Consider & implement GIRFT report recommendations as they apply to Wales. 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.	Demand and Capacity work in process. WKN Lead Nurse part of National Workforce and Acuity review with Association of Nephrology Nurses UK (ANNUK)	Minimal impact	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Digitalisation of Kidney Care Services				
Building on the experience gained from the Transformation Programme to enable full roll-out of innovation across Wales	Parity of digitalisation achieved across all services in Wales.	Actions are on track	Minimal impact	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Home Dialysis Strategy				
Finalise draft strategy through engagement with stakeholder and drawing the learning from the home dialysis peer reviews.	Strategy adopted and procurement framework to enable delivery of a sustainable, equitable, fit for purpose home dialysis service.	The peer review process has now concluded. Discussions to commence imminently with regard strategy development.	Minimal impact	**Q4**
Organ Donation and Transplant				
Value in Healthcare programme to support the delivery of the Organ Donation and Transplant Plan for Wales by; Utilising a Programme Management Office approach to establish a stakeholder Project Board to deliver the value in Healthcare programme.	Pre-habilitation programme adopted	Whilst project structure has not been developed a planned, regular reporting is submitted to Wels Government in line with project reporting requirements.	Minimal impact	**Q4**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status

6. WOMEN AND CHILDREN COMMISSIONING TEAM

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

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Neonatal Transport service				
Agree the service model for a neonatal transport service. Operational Delivery Network implementation can now proceed.	Patients have access to a 24/7 Neonatal transport service.	The Neonatal Transport service is being considered as part of the wider Neonatal Phase 2 strategic planning work.	Interim model remains in place, there is a risk to workforce sustainability due to uncertainty.	**Q1* (re-profiled to 2024/25)**
Paediatric Infectious Diseases				
Development of a business case	Equitable access with equitable waiting times for all patients monitored through activity numbers and	Included in WHSSC's Financial Improvement Options and paused for prioritisation in the ICP 2024/25 – prioritised to proceed.	Currently commissioned Health Board to Health Board therefore risk minimal and current service is still operational.	**Q1 (Re-profiled to Q4)**

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
Paediatric Orthopaedic Surgery				
Undertake Needs assessment and gap analysis to inform future requirements.	Entire Paediatric Orthopaedic Surgery pathway is commissioned effectively.	Included in WHSSC's Financial Improvement Options and paused for prioritisation in the ICP 2024/25 – prioritised to proceed.	Currently commissioned Health Board to Health Board therefore risk minimal and current service is still operational.	**Q2 (delayed until ICP 24/25 approval)**
Specialised Paediatric Spinal Surgery				
Undertake Needs assessment and gap analysis to inform future requirements	Patients across South and West Wales have timely access to surgical treatment.	Released investment to support Clinical Nurse Specialist to service. Resource transfer required from HB to WHSSC.	Currently commissioned Health Board to Health Board therefore risk minimal and current service is still operational.	**Q2 ***

Action	Anticipated Outcome	Progress	Impact if Implementation Delayed	Action Status
High dependency services				
Commission High Dependency Services for children accessing specialised services through the development of a business case.	Reduction in refusal rates monitored through activity	Demand and capacity requested from provider to understand the number of patients occupying High Dependency from each resident HB and the service in which they are under the care of – addressed through Escalation process.	Currently commissioned Health Board to Health Board therefore risk minimal and current service is still operational.	**Q3 (re-profiled to Q4 to align with escalation processes)**
Paediatric Strategy -Service Reviews				
Review 3 services – Paediatric Cleft Lip and Palate (CLP) Paediatric Nephrology Paediatric Oncology	Improved access to Paediatric Services for all patients across Wales Equitable waiting times for patients accessing	Capacity constraints within the service (single handed consultant has left) has added delay to the completion of the report. Work has commenced.		**Q3 Paediatric CLP (re-profiled to Q4)**

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

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

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

7. VALUE, EFFICIENCY AND RE-COMMISSIONING

Progress schemes aimed to address value (outcomes)				
Advance Therapy Medicinal Products (ATMP) outcomes project; Prehab for chronic kidney disease; Neonatal discharge Project; Neonatal surgical outreach nurse; Paediatric Oncology 'All in it together'	Increased value (both outcome and cost) and prudent use of resource	Appointment of the ATMP Outcomes Programme Manager complete (August 2023). ATMP Programme infrastructure being developed. Soft launch of the ATMP is planned for February 2024 and workstreams are in development.	Reduced emphasis on value and outcomes in WHSSC	**Q4**

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

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

APPENDIX C

MINISTERIAL PRIORITIES POSITION

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

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

Cont.

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

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

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

Cont.

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

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

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

Cont.

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

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

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

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

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

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

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

Cont.

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

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

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

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

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

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

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

Cont.

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

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

APPENDIX D

SUMMARY OF RISK ASSESSMENTS

RISK ASSESSMENT FOR INVESTMENT DECISIONS

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

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

RISK ASSESSMENT FOR INVESTMENT DECISIONS

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

APPENDIX E

DETAILED FINANCIAL PLAN

APPENDIX F

MINIMUM DATA SET

Report Title	**Chair's Report**	**Agenda Item**	3.2
Meeting Title	**Joint Committee**	**Meeting Date**	19/03/2024
FOI Status	Public		
Author (Job title)	Chair of WHSSC		
Executive Lead (Job title)	Committee Secretary and Associate Director of Corporate Services		

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

Recommendation(s)

Members are asked to:

- **Note** the report; and
- **Ratify** the Chairs action taken on 12 March 2024 to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme.

CHAIR'S REPORT

1.0 SITUATION

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

2.0 BACKGROUND

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

3.0 ASSESSMENT

3.1 Chair's Action – Approval of Blueteq Expenditure

A Chair's Action was taken on 12 March 2024 to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme, and a letter was issued JC members on the 12 March 2024 confirming the action taken. The letter is presented at ***Appendix 1*** for information.

3.2 Chair's Appraisal with the Minister

On the 26 February 2024 I met with the Minister for Health & Social Services for my annual appraisal on the objectives set for the remit of the JC, in line with ministerial priorities, and areas where the Minister expected the JC, and myself as Chair, to demonstrate leadership and strategic direction. This was in accordance with the need for Chairs of NHS organisations and the JCs to participate in a performance and development review process which is consistent with the Office of the Commissioner for Public Appointments (OCPA) recommendations and competency framework for non-officer members. The Minister and I discussed the current financial situation, the sign off of our Integrated Commissioning Plan (ICP), services in escalation and the culture of the JC and the forthcoming NHS Wales Joint Commissioning Committee (JCC).

My tenure as Chair comes to an end on 31 March 2024. It has been an honour to serve as Chair of the WHSSC JC, particularly in the aftermath of the global Covid-19 pandemic, and to work alongside our dedicated staff and JC Members who work tirelessly every day to deliver our ambitious commissioning strategy. I would like to place on record my personal thanks to all who have supported me in this time and wish my successor and the new NHS Wales JCC all the best.

3.3 Dr Sian Lewis, Managing Director, WHSSC

Dr Sian Lewis will be stepping down from her role as Managing Director on 28 March 2024. Sian joined WHSSC in 2017, and has been a member of the NHS

family for 40 years. Prior to taking up her role as Managing Director, Sian was a consultant haematologist at Hywel Dda University Health Board (HDdUHB). Sian has also held the role of the WHSSC Acting Medical Director. She previously held medical management roles at Hywel Dda and several roles in the Postgraduate Deanery Wales. She has led on a number of major change management initiatives including the remodelling of accident and emergency services in a district general hospital and the establishment of the first postgraduate medical education quality systems in Wales. She is a member of the GMC Quality Scrutiny Group and holds an MBA and a Postgraduate Certificate in Medical Education.

Sian's departure marks the end of an era for all of us at WHSSC. I want to take this opportunity to pay tribute to an outstanding leader. Sian has transformed WHSSC, navigating us through a turbulent financial climate, supporting and driving improvements throughout what must be the NHS's most challenging times - the Covid-19 pandemic - and has put quality and caring at the heart of everything we do.

On a personal level it has been a privilege and a pleasure working with Sian. Her energy, commitment and openness underpinned a strong and effective JC. Her ability to drive performance through engagement is notable and her sense of humour is always appreciated by everyone around her. I am saddened that we will be losing her and she will be sorely missed by everyone in the organisation. On behalf of the JC, the Senior Corporate Team and all staff, I wish to express our sincerest gratitude to Sian for everything she has achieved, with and for our staff, patients, their families and carers, and our local communities. I know you will join me in wishing Sian a happy and healthy retirement.

3.4 Appointment of IPFR Lay Members

The appointment process for the appointment of lay members on to the WHSSC Individual Patient Funding Request (IPFR) panel has been delayed and will commence under the new NHS Wales JCC in Quarter 1 2024-2025.

3.5 Key Meetings

I have attended the following meetings:

- Regular catch up meetings with WHSSC Independent Members (IMs) and the Welsh Kidney network (WKN) Chair,
- Annual Appraisals for IMs, WKN Chair and Individual Patient Funding Request (IPFR) Chair,
- National Commissioning Implementation Board Meeting (Monthly),
- National Commissioning Oversight Board Meeting (Monthly),
- Joint meeting of the NCOB/NCIB Chairs,
- Integrated Governance Committee (IGC) Meeting,
- Chair Peer Group Meeting; and
- Ministerial Away Day with Chairs.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report; and
- **Ratify** the Chairs action taken on 12 March 2024 to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme.

Governance and Assurance	
Link to Strategic Objectives	
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	All
Institute for HealthCare Improvement Quadruple Aim	Not applicable
Organisational Implications	
Quality, Safety & Patient Experience	Ensuring the Joint Committee makes fully informed decisions is dependent upon the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	There is no direct financial/resource impact from this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no specific legal implications relating to any of the issues outlined within this report.
Long Term Implications (incl WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome	**-**
Appendices	Appendix 1 – Letter to JC Members - Chair's Action to approve expenditure for ATMPs through the Blueteq HCD software programme, 12 March 2024

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

Your ref/eich cyf:
Our ref/ein cyf: KE.JE
Date/dyddiad: 12 March 2024
Tel/ffôn: 01443 443 443 ext. 8131
Email/ebost: Jacqueline.Evans8@wales.nhs.uk

WHSSC Joint Committee Members,

Dear Colleague,

Re: Chairs Action - Approval of Blueteq Expenditure

I am writing to you to inform you that a Chair's action has been undertaken to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme. The medicine in question - Paediatric Zolgensma - is a gene therapy and is given once in a patient's lifetime.

This therapy has been approved through the NICE Highly Specialised Technology appraisal process and therefore there is Welsh Government commitment to making this treatment available to eligible patients in Wales:

- Press release: *NICE final draft guidance approves life-changing gene therapy for treating spinal muscular atrophy | News | News | NICE*
- Full guidance: *Overview | Onasemnogene abeparvovec for treating spinal muscular atrophy | Guidance | NICE*

ATMPs are currently funded from a direct financial allocation from Welsh Government to WHSSC. All expenditure must go through the agreed financial governance processes.

This action was taken in accordance with provisions of the WHSSC Standing Orders (SOs), specifically section 3.1.1 in relation to Chair's action on urgent matters whereby decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee.

In addition, this requirement was specifically identified in the updated process for the current Standing Financial Instructions (SFIs) considered at the Joint Committee on 10 January 2023. This specified that Joint Committee "approval" of non-contract cases above defined limits for annual and anticipated lifetime cost, should be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the

Welsh Health Specialised Services Committee
Unit G1, The Willowford,
Treforest,
Pontypridd
CF37 5YL

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
Uned G1, The Willowford,
Trefforest,
Pontypridd
CF37 5YL

Chair/Cadeirydd: *Kate Eden*
Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr Gyfarwyddwr Dros Dro Comisiynu Gwasanaethau Arbenigol a Thrydyddol: *Dr Sian Lewis*

defined limit and Chair's action to reflect the need for timely approval action. This includes individual annual costs of drugs that are automatically approved via the Blueteq software system which ensures compliance with current eligibility criteria for high cost medicines.

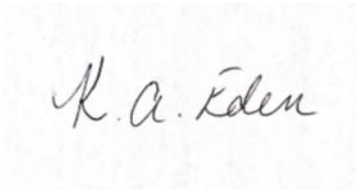
Therefore, to ensure effective governance a Chair's action has been taken to approve the use of Paediatric Zolgensma for Paediatric Neurology treatment at University Hospital Bristol NHS Foundation Trust for two patients at a cost of £1,717,541.61 per patient. The total cost is therefore £3,435,083.22.

Chair's Action
I confirm that by this letter, acting in conjunction with Dr Sian Lewis, Managing Director of WHSSC, and Steve Spill, an Independent Member of WHSSC, I have taken Chair's Action to approve the Blueteq expenditure.

This matter will be reported on at the next Joint Committee meeting on the 19 March 2024 for ratification.

If you require further information or clarification regarding this matter, please contact Jacqui Evans, Committee Secretary, Jacqueline.Evans8@wales.nhs.uk in the first instance.

Yours sincerely,



Kate Eden
Chair

Cc – Dr Sian Lewis, Managing Director, WHSSC
Cc – Stacey Taylor, Director of Finance

Report Title	**Managing Director's Report**	**Agenda Item**	3.3
Meeting Title	**Joint Committee**	**Meeting Date**	19/03/2024
FOI Status	Public		
Author (Job title)	Managing Director, Specialised And Tertiary Services Commissioning, NHS Wales		
Executive Lead (Job title)	Managing Director, Specialised And Tertiary Services Commissioning		

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

Recommendation(s):

Members are asked to:

- **Note** the report.

MANAGING DIRECTOR'S REPORT

1.0 SITUATION

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

2.0 BACKGROUND

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

3.0 ASSESSMENT

3.1 WHC/2024/005 - Welsh Health Circular - Private Obesity Surgery and the Welsh NHS

In February 2024, Welsh Government published the Welsh Health Circular (WHC) - Private Obesity Surgery and the Welsh NHS, which stated that:

'with respect to post-operative care of bariatric patients living in Wales, when a patient cannot or chooses not to complete their episode of care with their original or an alternative private provider:

'….If a post-op bariatric patient cannot, or chooses not to access private sector follow up, the GP may refer into secondary care, for specialist level 3 /4 post-operative follow-up as per NICE guidance. Patients should be accepted onto waiting lists according to clinical priorities identified by the referrer and receiving health board. In line with NICE guidance and once identified as clinically fit for discharge, the patient will be discharged in accordance with the local pathways.

'We recognise this has implications for existing services in both primary and secondary care and as such we are working together with Health Boards, expert partners both in Wales and across the UK.'

Currently, reliable estimates of the number of patients who are likely to request a follow-up are not available, however we know that approximately one third of surgical procedures carried out in the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) for patients in South Wales are emergency band removal procedures for patients who have previously undergone treatment in the private sector. Therefore, it is possible that this could have a significant impact on NHS

pre-operative and post-operative service capacity. The WHC is presented at ***Appendix 1*** for information.

3.2 Gender Identity Development Services (GIDS)

An update on developments in Gender Identity Development Services (GIDS) in NHS England (NHSE), including the approach to the prescribing of Puberty Supressing Hormones is attached and the NHSE press release is presented at ***Appendix 2*** for information.

3.3 South Wales Major Trauma Network Gateway Review

The South Wales Trauma Network (SWTN) was launched on 14 September 2020 to care for adults and children across South and West Wales and South Powys who had suffered a major trauma. Within the major trauma network system, WHSSC has the responsibility to commission the operational delivery network (ODN), the major trauma centre (MTC) and the specialist services that are delivered as part of the MTC.

On 7 March 2024, the Stage Gate Assessment of the South Wales Trauma Network was reported to the SRO for the programme. The assessment was green and review team reported:

'There was strong evidence of effective delivery, and the programme is in a steady state with much of the original vision for a Major Trauma Network now delivered and early evidence shows that they are on track to meet the outcomes expected from the Full Business Case and Benefits Realisation Plan.

'The Review Team were impressed by the strong support shown for the ODN and the level of passion, commitment and focus shown by all to delivering the best outcomes for patients.

'The Programme governance is well established and there is good evidence that risks and issues are being appropriately raised, mitigating actions regularly reviewed and escalation of issues is timely and appropriate.

'The only concern that will impact on the future effective delivery of the service and improvements, is the hiatus in data collection through TARN, an issue that is largely out with the control of the Programme. The Review Team has recommended further thought should be given to the overall programme informatics strategy and this should be tested in a further gateway 5 review in Year 5'

This green assessment rating is a significant achievement which should not be underestimated for such a young network. The report will be shared at the SWTN Governance Group scheduled in March 2024 for information, with a view to developing an action plan to address the recommendations in readiness for the SWTN Clinical & Operational Board (COB) in April 2024. The full report will be presented under the next SWTN quarterly report to the new JCC.

3.4 Cardiac interventions in Wales: A comparison of benefits between NHS Wales' specialties - Published Article (PLOS ONE)

WHSSC in collaboration with the cardiac network and the Secure Anonymised Information Linkage (SAIL) databank in Swansea to undertake a study aimed at assessing if specialised healthcare service interventions in Wales was benefitting the population equitably in work commissioned by the WHSSC.

The study utilised anonymised individual-level, population-scale, routinely collected electronic health record (EHR) data held in the Secure Anonymised Information Linkage (SAIL) Databank to identify patients resident in Wales receiving specialist cardiac interventions. The findings of the study were published on PLOS ONE in February 2024 – the article is presented at ***Appendix 3*** for information.

The study concluded that early investment in the pathway could potentially reduce later costs. By examining the whole pathway, it was possible to understand the main influences and identify the part of the pathway that would most benefit from investment or change. Allowing the data to lead could help reduce preconceived biases. It was identified that deprivation is a key driver in cost variation, and failure to access services in more deprived areas was identified. To understand cost variation, there is a need to better understand inequality and inequity of access to services.

3.5 NHS Wales Joint Commissioning Committee Implementation

Further to the report presented to the Joint Committee on 30 January 2024 concerning the business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee (JCC) on 1 April 2024, a further verbal update will be provided at the meeting.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	This report provides an update on key areas of work linked to Commissioning Plan deliverables.
Health and Care Standards	Governance, Leadership and Accountability
Principles of Prudent Healthcare	Public & professionals are equal partners through co-production Care for those with the greatest health need first Only do what is needed Reduce inappropriate variation
NHS Delivery Framework Quadruple Aim	Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	The information summarised within this report reflect issues relating to quality of care, patient safety, and patient experience.
Finance/Resource Implications	There is no direct financial/resource impact from this report.
Population Health	The updates included in this report apply to all aspects of healthcare, affecting individual and population health.
Legal Implications (including equality & diversity, socio economic duty etc.)	There are no specific legal implications relating within this report.
Long Term Implications (incl. WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History	**-**
Appendices	Appendix 1 – WHC/2024/005 - Welsh Health Circular - Private Obesity Surgery and the Welsh NHS Appendix 2 – NHSE press release: NSH England policy on puberty suppressing hormones for children and young people with gender incongruence / dysphoria March 2024 Appendix 3 - Cardiac interventions in Wales: A comparison of benefits between NHS Wales' specialties - Published Article (PLOS ONE), February 2024

WHC/2024/005

WELSH HEALTH CIRCULAR

Status: Compliance

Category: Governance

Title: Private obesity surgery and the Welsh NHS

Date of Expiry / Review: N/A

Action by:

Local health boards

Primary Care services

NHS Executive

WHSSC

Action required by: immediate

Sender: Professor Chris Jones CBE (Welsh Government/ NHS Executive)

Welsh Government Contacts:

Professor Chris Jones CBE (Welsh Government)

Dr Anna Kuczynska (Welsh Government)

Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

Enclosures: None (Links embedded within the document)

In recent years, people are increasingly looking to the private sector for management of obesity including bariatric surgery. Successful private sector marketing, particularly from cheaper international providers, strongly appeals to the public. However, there are clear pressures impacting on NHS services due to complications (including death), litigation arising from complications and long term follow up requirements. Media coverage is widespread. It may also be exacerbating health inequalities because of 'queue-jumping'.

This Welsh Health Circular clarifies the roles and responsibilities of Welsh NHS providers for patients living in Wales who have undergone bariatric surgical procedures in the private sector. This is based on existing policy documents and clinical guidance.

With respect to bariatric surgery, the **NHS Wales Prior Approval Policy** for specialist services states:
"If a patient has self-funded their own referral/treatment in the private sector, the Health Board cannot be expected to fund ongoing treatment in the private sector. To ensure equity, all such referrals will be declined, and the clinician advised to refer the patient to local or commissioned NHS services. If however there is no local or locally commissioned service provision for the proposed treatment, the request for a referral to an external NHS consultant will be considered, based on the clinical information provided. The patient will be expected to receive all treatment with an NHS provider and should be added to the appropriate waiting list accordingly."

In respect of bariatric surgery**,** NICE CG189 guidance on obesity emphasises the importance of regular post-operative follow-up with a minimum of two years in bariatric specialist services.

The British Obesity and Metabolic Surgery Society provides guidelines on all aspects of pre-, peri- and post-operative care. BOMSS Guidelines on perioperative and postoperative biochemical monitoring and micronutrient replacement for patients undergoing bariatric surgery supports monitoring decisions regarding nutritional supplementation, however includes tests not normally available to primary care. BOMSS post-bariatric surgery nutritional guidance for GPs covers only the nutritional aspects of follow-up care for adults ≥ 2 years post op.

Therefore, based on current documentation and with respect to post-operative care of bariatric patients living in Wales, when a patient cannot or chooses not to complete their episode of care with their original or an alternative private provider:

1)Emergency or urgent care of private sector patients lies with the NHS in the event that the patient presents to the NHS services. For example, uncomplicated wound infection might present in General Practice. More complex issues will be appropriately managed by NHS secondary care or specialist services.

2) If a post-op bariatric patient cannot, or chooses not to access private sector follow up, the GP may refer into secondary care, for specialist level 3 /4 post-operative follow-up as per NICE guidance. Patients should be accepted onto waiting lists according to clinical priorities identified by the referrer and receiving health board. In line with NICE

guidance and once identified as clinically fit for discharge, the patient will be discharged in accordance with the local pathways.

We recognise this has implications for existing services in both primary and secondary care and as such we are working together with Health Boards, expert partners both in Wales and across the UK.

Press release: NSH England policy on puberty suppressing hormones for children and young people with gender incongruence / dysphoria
March 2024

NSH England has published a policy on puberty suppressing hormones for children and young people with gender incongruence / dysphoria here: https://www.england.nhs.uk/publication/clinical-policy-puberty-suppressing-hormones/

The nhs.uk pages have been updated here:

- https://www.nhs.uk/conditions/gender-dysphoria/
- https://www.nhs.uk/live-well/trans-teenager/

We've also provided an update on the research study on this page (the final 3 paragraphs are new today): https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/implementing-advice-from-the-cass-review/cyp-gender-dysphoria-research-oversight-board/

FAQs

- **What does this mean for young people who have already been referred for puberty suppressing hormones (PSH) on the NHS?**
  - This change will not affect young people who have already been referred by the NHS for PSH. It will be for each patient's consultant endocrinologist to consider - together with the child or young person and their family - whether to continue with off-label prescribing.

- **What are NHS England doing to support young people on the waiting list?**
  - We have written to each young person on the waiting list to inform them of changes to the service and what to expect from the new providers. We've also created a National Referral Support Service to hold the waiting list, which also gives these young people an initial point of contact if needed. We've asked people on the waiting list to provide us with an update around their current status. And finally, we're commissioning an enhanced mental health support offer to all children and young people waiting to see their specialist teams.

- **Will the new services still see patients if they opt to take PSH privately?**
  - Children, young people and their families are strongly discouraged from sourcing puberty suppressing hormones from unregulated

sources or from on-line providers that are not regulated by UK regulatory bodies.
If the young person and their family wish to continue accessing hormones privately regardless, the service will still see them, but they will not take on any shared-care agreement of that aspect of their care, and will make the child or young person and their family aware of the risks.

- **Does this mean PSH are unsafe?**
  - The current lack of evidence means that it's unclear at present whether this treatment is safe and effective to treat young people with gender incongruence or dysphoria.

- **What is the latest on the proposed research on PSH?**
  - NHS England has established the Children and Young People's Gender Dysphoria Research Oversight Board and last year Professor Emily Simonoff was confirmed as the Chief Investigator to lead on the development of a detailed proposal for the planned research on puberty suppressing hormones for gender incongruence and dysphoria.
    More information about the proposed research has been published today on NHS England's website here:
    https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/implementing-advice-from-the-cass-review/cyp-gender-dysphoria-research-oversight-board/

Cardiac interventions in Wales: A comparison of benefits between NHS Wales specialties

Gareth Davies , Ashley Akbari, Rowena Bailey, Lloyd Evans, Kendal Smith, Jonathan Goodfellow, Michael Thomas, Kerryn Lutchman Singh

Published: February 9, 2024 • https://doi.org/10.1371/journal.pone.0297049

Abstract

Objectives

The study aimed to assess if specialised healthcare service interventions in Wales benefit the population equitably in work commissioned by the Welsh Health Specialised Services Committee (WHSSC).

Approach

The study utilised anonymised individual-level, population-scale, routinely collected electronic health record (EHR) data held in the Secure Anonymised Information Linkage (SAIL) Databank to identify patients resident in Wales receiving specialist cardiac interventions. Measurement was undertaken of associated patient outcomes 2-years before and after the intervention (minus a 6-month clearance period on either side) by measuring events in primary care, hospital attendance, outpatient and emergency department. The analysis controlled for comorbidity (Charlson) and deprivation (Welsh Index of Multiple Deprivation), stratified by admission type (elective or emergency) and membership of top 5% post-intervention costs. Costs were estimated by multiplying events by mean person cost estimates.

Results

We identified 5,999 percutaneous coronary interventions (PCI) and 1,640 coronary artery bypass graft (CABG) between 2014-06-01 to 2020-02-29. The ratio of emergency to elective interventions was 2.85 for PCI and 1.04 for CABG. In multivariate analysis significant associations were identified for comorbidity (OR = 1.52, CI = (1.01–2.27)), deprivation (OR = 1.34, CI = (1.03–1.76)) and rurality (OR = 0.81, CI = (0.70–0.95)) for PCI interventions, and comorbidity (OR = 1.47, CI = (1.10–1.98)) for CABG. Higher costs post-intervention were associated with increased comorbidity for PCI and CABG in the top 5% cost groups, but for PCI this was not seen outside the top 5%. For PCI, moderate cost increase was associated with increased deprivation, but the picture was more mixed following CABG interventions. For both interventions, lower costs post intervention were seen in rural locations.

Conclusion

We identified and compared health outcomes for selected specialist cardiac interventions amongst patients resident in Wales, with these methods and analyses, providing a template for comparing other cardiac interventions.

Citation: Davies G, Akbari A, Bailey R, Evans L, Smith K, Goodfellow J, et al. (2024) Cardiac interventions in Wales: A comparison of benefits between NHS Wales specialties. PLoS ONE 19(2): e0297049. https://doi.org/10.1371/journal.pone.0297049

Editor: Amirmohammad Khalaji, Tehran University of Medical Sciences, ISLAMIC REPUBLIC OF IRAN

Received: August 16, 2023; **Accepted:** December 24, 2023; **Published:** February 9, 2024

Data Availability: The data used in this study are available in the SAIL Databank at Swansea University, Swansea, UK, but as restrictions apply, they are not publicly available. All proposals to use SAIL data are subject to review by an independent Information Governance Review Panel (IGRP). Before any data can be accessed, approval must be given by the IGRP. The IGRP carefully considers each project to ensure the proper and appropriate use of SAIL data. When access has been granted, it is gained through a privacy-protecting trusted research environment (TRE) and remote access system referred to as the SAIL Gateway. SAIL has established an application process to be followed by anyone who would like to access data via SAIL at https://www.saildatabank.com/application-process.

Funding: The work was funded by the Welsh Health Specialised Services Committee (WHSSC). The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Competing interests: The authors have declared that no competing interests exist.

Introduction

This study was commissioned by the Welsh Health Specialised Services Committee (WHSSC) in December 2020. The WHSSC includes representatives from all health boards in Wales and has the purpose of ensuring health care is delivered equally to the population of Wales [1]. Healthcare focus has traditionally been placed on annual incremental increases in funding, meaning equity of access between regions for the same service has not been routinely addressed [2]. Some variation was therefore anticipated. It was desired to see whether, in the patient pathways for Welsh patients, there was a significant variation in access rates between differing health interventions and conditions and against the expected background level, which may indicate inequity of access.

Cost analyses in general for healthcare provisions are not as widespread as desired [3, 4]. Cost profiling within particular areas would inform cost-effectiveness, as high-cost models may deliver better value than low-cost models in certain areas of health [5]. Area clusters would also be of interest, where geographical and population density may influence ease of access to health services, as seen in other studies [6, 7]. Varying disease burden and reporting of disease may factor amongst different deprivation levels [8], and patients with higher comorbidity are likely to feature in excess events. Predicting the patient pathway model over time is likely to provide better patient outcomes [9, 10] and is becoming more of a focus [11].

This study aimed to assess if specialised healthcare service interventions in Wales benefit the population equally, by comparing costs of healthcare between differing demographic and socio-economic groups. Health resource usage was compared pre- and post-intervention to understand what impact each treatment had on local health service use. The ability to add cost information enabled where on the patient pathway most benefit could be gained in terms of change or investment.

Method

This study developed a method to evaluate medium and long-term benefits in a range of specialities, monitoring changes in resource use over time, comparing outcomes from alternative interventions, and measuring pressure on secondary services. To compare the effect of interventions, primary and secondary healthcare events were measured on either side of the first intervention date. Associated costs were calculated, and the pathway type was categorised into either elective or emergency for hospital admissions.

Data sources

This study utilised the Secure Anonymised Information Linkage (SAIL) Databank in Swansea, a trusted research environment (TRE) providing linked individual-level, anonymised population-scale data on the population of Wales, UK. The SAIL Databank contains a collection of anonymised linked data sources, including routinely collected health and socioeconomic data at an individual level, encrypted by SAIL's trusted third party, Digital Health and Care Wales (DHCW) [12–16].

The following SAIL data sources were available to the project following approval from the SAIL independent Information Governance Review Panel (IGRP):

- Annual District Death Extract (ADDE).
- Emergency Department Data Set (EDDS).
- Outpatient Database for Wales (OPDW).
- Patient Episode Database for Wales (PEDW).
- Welsh Cancer Intelligence & Surveillance Unit (WCISU).
- Welsh Demographic Service Dataset (WDSD).
- Welsh Longitudinal General Practice (WLGP).
- Welsh Results Reporting Service (WRRS).

The interventions examined are listed in Table 1.

Healthcare intervention
Percutaneous coronary intervention [PCI]
Transcatheter Aortic Valve Implantation [TAVI]
Electrophysiology [EP] ablations—standard
Electrophysiology [EP] ablations—complex
Electrophysiology [EP] study
Cardiac device implants (pacemaker or defibrillator)
Cardiac surgery—coronary artery bypass graft [CABG]
Cardiac surgery—valve replacement

https://doi.org/10.1371/journal.pone.0297049.t001

Table 1. List of healthcare interventions.
https://doi.org/10.1371/journal.pone.0297049.t001

Interventions and conditions were identified (see supplementary material S3 and S4 Tables) using Healthcare Resource Group (HRG) [17], Operating Procedure Codes Supplement (OPCS-4) [18], Read and International Classification of Diseases (ICD-10) codes [19]. The WLGP data were used to identify interactions with primary care using Read codes [20]. The Read codes were selected from pre-defined Quality Outcome Framework (QOF) code lists [21]. The QOF provided a financial incentive for GPs to record data for conditions listed on the QOF, therefore more likely to provide a good level of coverage. QOF has recently (post-2019) been superseded by the Quality Assurance and Improvement Framework (QAIF) [22]. Patient events for the interventions were filtered to remove the following conditions for each intervention (see Table 2 below).

Intervention	Filtered condition
PCI	CHD
TAVI	Other circulation problems
EP ablations—standard	Problems of rhythm
EP ablations—complex	Problems of rhythm
EP study	Problems of rhythm
Cardiac device	CHD+Problems of rhythm+ Other circulation problems
Cardiac surgery—CABG	CHD+Other circulation problems
Cardiac surgery—Valve	Other circulation problems

https://doi.org/10.1371/journal.pone.0297049.t002

Table 2. Conditions filtered from intervention events.
https://doi.org/10.1371/journal.pone.0297049.t002

Ethics approval and consent to participate

Approval for the use of anonymised data in this study, provisioned within the Secure Anonymised Information Linkage (SAIL) Databank, was granted by an independent Information Governance Review Panel (IGRP) under project 1297. The IGRP has a membership comprised of senior representatives from the British Medical Association (BMA), the National Research Ethics Service

(NRES), Public Health Wales and Digital Health and Care Wales (DHCW). The usage of additional data was granted by each respective data owner. The SAIL Databank is compliant with General Data Protection Regulations (GDPR) and the UK Data Protection Act.

Cohort

All SAIL data sources contain a unique anonymised individual identifier, known as the Anonymised Linkage Field (ALF) [12, 13]. The quality of this process is assessed via a linkage certainty percentage, and is reflected in the ALF status field. In extracting the initial cohort, the person identifiers (ALF_PE) were extracted from each data source and filtered to include only those having good linkage status (see Table 3).

Field name	Field description	Field value	Field value description
ALF_STS_CD	Anonymised linkage field status code	1	NHS Number passes check digit test
		4	Surname, First Name, Post Code, Date of Birth and Sex Code match exactly to AR
		39	Surname, Post Code, Date of Birth and Sex Code match exactly to AR, First Name matches on Lexicon (known variants) or Fuzzy Matching probability >= 0.9

Table 3. ALF status code in SAIL.
https://doi.org/10.1371/journal.pone.0297049.t003

The cohort was then further filtered to events which occurred within the study period. This process is seen in Fig 1.

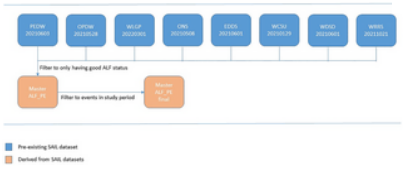


Fig 1. Cohort.
https://doi.org/10.1371/journal.pone.0297049.g001

Patient pathway (Study outcomes)

To measure primary and secondary care (emergency department, hospital admissions and outpatient attendances) usage, records from the WLGP, EDDS, PEDW and OPDW data sources were extracted. These were filtered to dates occurring during the study period.

Where secondary diagnoses were present in the PEDW data, only the primary diagnosis was selected. The PEDW data span a period of time consisting of spells and episodes with a start and end date, whereas the WLGP, OPDW and EDDS events have a single event date. A PEDW spell consists of one or more episodes. For this analysis, we used PEDW episodes to increase granularity. PEDW episodes were converted into bed days by subtracting the episode end date from the start date. The admission type in PEDW was determined as elective or emergency using the admission method code. Where admission type could not be determined, these were labelled as unknown. After categorising the interventions as elective or emergency, the ratio of elective to emergency was calculated.

Covariates

In selecting covariates, we considered how best to measure the patient pathway and variation in healthcare usage. We also chose covariates which are of interest to service commissioners. The study adjusted for age at event, sex, deprivation, rurality of location, comorbidity, type of admission (elective/emergency/unknown), any cost prior to intervention, and outlier status (in the top 5% cost). Geographical location was determined from the Lower-layer Super Output Area (LSOA) version 2011 boundaries [23]. LSOA are statistically generated areas containing approximately 1,500 people, which are larger than (for example) postcodes. There are 1,909 Welsh LSOAs in total. LSOA 2011 was used to determine deprivation levels via the Welsh Index of Multiple Deprivation (WIMD) 2019 quintiles [24] and urban/rural categorisation [25]. Comorbidity was assessed by weighted Charlson comorbidity score [26].

Mortality

Mortality marks the end of the patient pathway if occurring within two years post-intervention. Mortality was sourced from ADDE and WDSD, with priority given to ADDE in the event of a conflict. Where there was no ADDE date of death, WDSD was used if present. The ADDE tends to have a longer data lag than WDSD, so it is not unusual to have some deaths in WDSD that are not present in ADDE, although the cause of death is only available from ADDE. Date of death was used to derive individual measure of follow-up per person to facilitate comparison of aggregated counts of events between persons within the study.

Data extraction

ICD-10 codes were used to identify conditions in PEDW. Limited ICD-10 codes are also available in OPDW, so we were able to further supplement the PEDW results with OPDW. The process of creating the data extraction, which was used for the analysis is outlined in Fig 2.

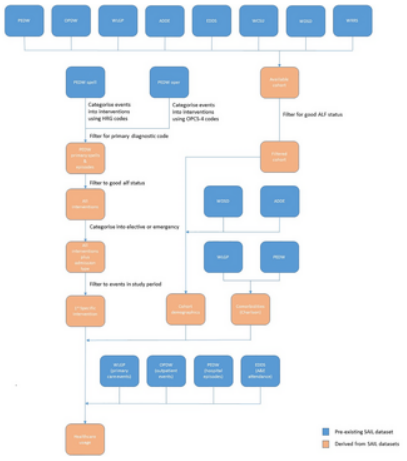


Fig 2. Data linkage for measurement of interventions health care usage.
https://doi.org/10.1371/journal.pone.0297049.g002

The secondary care data within SAIL is population level coverage for the resident population of Wales, all records relating to interventions and associated follow-up services delivered in Welsh settings are captured in the data, as well as records of interactions between residents of Wales attending English NHS settings. The data does not include records relating to private surgeries or procedures. The data relating to primary care covers approximately 82% of the resident population, as such, there may be records relating to GP visits not available in SAIL. The absence of records for individuals is assumed to be a true non-event, and not considered as missing data. Thus, data imputation methods were not considered.

SAIL provides population level coverage for the resident population of Wales, all records relating to interventions and services delivered in Welsh settings are captured, as well as records of interactions between residents of Wales attending English NHS settings. The data does not include records relating to private surgeries or procedures.

Study period

Data for each intervention were well populated from June 2014 onwards. We curtailed data until the end of February 2020 to avoid the COVID-19 pandemic, after which data were likely to be atypical [27]. Therefore, the study period looked at the complete years 2015 to 2019 inclusive. When measuring pre and post-intervention events, a 'washout' period of 6 months (Fig 3) was applied on either side of the earliest intervention date to provide a clear separation between the two periods being compared, and exclude activity occurring around the intervention period. Therefore to allow 18 months follow-up on either side of an intervention, a study period of June 2016 to February 2018 was applied to the intervention date.

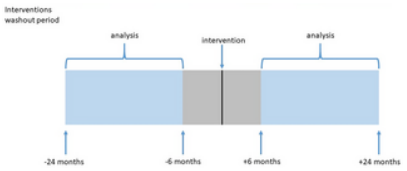


Fig 3. Interventions washout period.
https://doi.org/10.1371/journal.pone.0297049.g003

Cost

The cost for primary care (WLGP), hospital admission (PEDW), outpatient (OPDW) and emergency department (EDDS) was calculated by multiplying the event numbers by the unit cost for each category of provision. HRG codes were used to identify the interventions, but healthcare usage was measured using event numbers in WLGP, PEDW, OPDW and EDDS. The unit costs for PEDW, OPDW and EDDS are derived from WHSSC internal reports, and WLGP cost is derived from Punekar et al. [28]. Unit costs are detailed in Table 4.

Healthcare setting	Unit cost	Measure
WLGP event	£36 per event	WLGP events
PEDW admission bed days	£398 per day	PEDW episode length
OPDW attendance	£143 per event	OPDW events
EDDS attendance	£188 per visit	EDDS events

https://doi.org/10.1371/journal.pone.0297049.t004

Table 4. Unit cost of NHS healthcare provision.
https://doi.org/10.1371/journal.pone.0297049.t004

Statistical analysis

Event counts and related costs for the different pathways (elective and emergency hospital bed days, GP interaction, emergency department (ED) attendance, outpatient events) were stratified by sex, age group, social deprivation category (WIMD quintile), number of comorbidities before intervention (24 to 6 month prior), and compared pre and post-intervention. Zero cost analysis was also compared to non-zero cost, as many people incurred zero events under certain categories.

To identify factors associated with high and zero cost, univariate and multivariate logistic regression was carried out on the total cost of healthcare usage to identify characteristics of patients with the highest costs (top 5%) compared to; those with zero costs and; everyone else. The person events were categorised into the top 5% costs bracket and by admission type subcategories (elective/emergency) where numbers were sufficient. Separate models were constructed for each intervention and for the individual cost comparisons. STATA software version 15 was used to run the analyses.

Results

The total number of people in all data sources (ADDE, EDDS, OPDW, PEDW, OPDW, WCSU, WDSD, WLGP and WRRS, over all time periods, having good linkage (Anonymised linkage field (ALF) status = 1,4 or 39) was 5,933,692.

The number of people identified from each data source is shown in Fig 4.

Fig 4. Number of people in data sources having good linkage.
* ALF (anonymised linkage field) status code indicates quality of matching. Values 1,4,39 indicate good matching.
https://doi.org/10.1371/journal.pone.0297049.g004

Of the number of interventions carried out amongst the cohort, PCI was the most represented, with 5,999 procedures identified. The highest number of interventions were found in PCI (= 5,999) and cardiac surgeries (CABG = 1,640, then valve replacement = 918). TAVI interventions were the least numerous at 125 procedures identified. EP complex and EP studies were also low in numbers, meaning regression models were more limited for these groups.

The Elective:Emergency ratios varied from 0.35 to 36.6, with the PCI and CABG procedures manifest proportionally more as emergency interventions, whereas the other interventions were more elective. PCI intervention had nearly three times more emergency than elective. CABG interventions were the only other type to have more emergency than elective. Electrophysiology interventions had the highest elective:emergency ratio (between 6.40 and 36.6 times more elective).

The number of people who received each type of intervention during the period of study (1st June 2016 to 29th February 2018), along with their elective:emergency ratios are shown in Table 5.

Intervention	Number of patients having intervention (June16-Feb18)	Elective:Emergency ratio
Electrophysiology [EP] ablations—complex	264	36.6
Electrophysiology [EP] ablations—standard	609	14.1
Electrophysiology [EP] study	150	6.40
Cardiac surgery—coronary artery bypass graft [CABG]	1,640	0.96
Cardiac device implants (pacemaker or defibrillator)	783	1.67
Percutaneous coronary intervention [PCI]	5,999	0.35
Transcatheter Aortic Valve Implantation [TAVI]	125	1.51
Cardiac surgery—valve replacement	918	3.30

https://doi.org/10.1371/journal.pone.0297049.t005

Table 5. Number of interventions with associated elective:emergency ratio.
https://doi.org/10.1371/journal.pone.0297049.t005

The relative costs in each healthcare setting per intervention before and after the 1st intervention are shown in Figs 5–8 and detailed in Tables 6–9. Emergency bed days (PEDW emergency) account for the largest proportion of pre and post-intervention costs for emergency and elective patients. The cost of accident and emergency (EDDS) attendances were higher for electrophysiology interventions in comparison to other intervention types. Primary care (WLGP) was the lowest cost burden, whereas hospital bed days (PEDW) accounted for the overwhelming majority of costs.

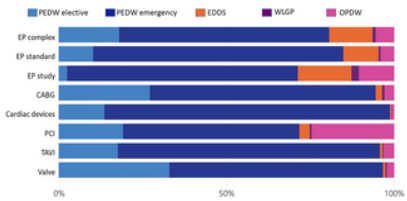


Fig 5. Cost ratio pre elective intervention.
https://doi.org/10.1371/journal.pone.0297049.g005

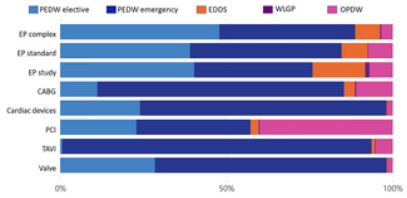


Fig 6. Cost ratio post elective intervention.
https://doi.org/10.1371/journal.pone.0297049.g006

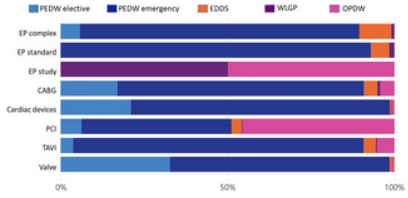


Fig 7. Cost ratio pre emergency intervention.
https://doi.org/10.1371/journal.pone.0297049.g007

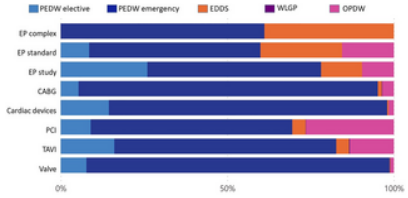


Fig 8. Cost ratio post emergency intervention.
https://doi.org/10.1371/journal.pone.0297049.g008

Intervention	Admission Type (%)		
	Elective	Emergency	Uncategorised
Electrophysiology [EP] ablations—complex	96.97	2.65	0.38
Electrophysiology [EP] ablations—standard	92.78	6.57	0.66
Electrophysiology [EP] study	85.33	13.33	1.33
Cardiac surgery—coronary artery bypass graft [CABG]	46.77	48.96	4.27
Cardiac device implants (pacemaker or defibrillator)	61.17	36.53	2.30
Percutaneous coronary intervention [PCI]	25.50	72.65	1.85
Transcatheter Aortic Valve Implantation [TAVI]	39.20	39.20	1.60
Cardiac surgery—valve replacement	75.60	22.88	1.53

https://doi.org/10.1371/journal.pone.0297049.t006

Table 6. Intervention by admission type.
https://doi.org/10.1371/journal.pone.0297049.t006

Intervention	Number of comorbidities (%)					
	0	1	2	3	4	5
Electrophysiology [EP] ablations—complex	77.63	14.02	5.30	2.65	0.38	
Electrophysiology [EP] ablations—standard	66.50	22.50	5.82	2.96	1.44	0.99
Electrophysiology [EP] study	74.67	15.33	8.00	0.67	0.67	0.67
Cardiac surgery—coronary artery bypass graft [CABG]	55.98	23.90	9.63	5.91	2.56	2.01
Cardiac device implants (pacemaker or defibrillator)	43.30	22.86	15.45	8.05	6.00	4.34
Percutaneous coronary intervention [PCI]	67.88	18.42	6.70	3.82	1.50	1.68
Transcatheter Aortic Valve Implantation [TAVI]	40.00	20.80	15.20	12.00	5.60	6.40
Cardiac surgery—valve replacement	53.59	24.84	10.78	5.77	2.07	2.94

https://doi.org/10.1371/journal.pone.0297049.t007

Table 7. Intervention by number of comorbidities.
https://doi.org/10.1371/journal.pone.0297049.t007

Intervention	WIMD category (%)				
	1. Most deprived	2	3	4	5. Least deprived
Electrophysiology [EP] ablations—complex	7.20	14.77	23.86	27.27	26.89
Electrophysiology [EP] ablations—standard	13.14	17.57	25.45	23.15	20.69
Electrophysiology [EP] study	20.00	20.00	24.00	14.00	22.00
Cardiac surgery—coronary artery bypass graft [CABG]	17.87	17.30	21.34	22.01	21.28
Cardiac device implants (pacemaker or defibrillator)	20.43	20.05	20.43	18.52	20.56
Percutaneous coronary intervention [PCI]	21.10	20.37	20.67	18.63	19.20
Transcatheter Aortic Valve Implantation [TAVI]	15.20	23.20	20.80	18.40	22.40
Cardiac surgery—valve replacement	19.61	17.63	19.06	20.48	23.20

https://doi.org/10.1371/journal.pone.0297049.t008

Table 8. Intervention by Welsh Index of Mass Deprivation (WIMD) quintile.
https://doi.org/10.1371/journal.pone.0297049.t008

Intervention	Death before end of follow-up (%)	
	Alive	Dead
Electrophysiology [EP] ablations—complex	99.24	0.76
Electrophysiology [EP] ablations—standard	97.54	2.46
Electrophysiology [EP] study	96.00	4.00
Cardiac surgery—coronary artery bypass graft [CABG]	92.44	7.56
Cardiac device implants (pacemaker or defibrillator)	90.93	9.07
Percutaneous coronary intervention [PCI]	91.62	8.38
Transcatheter Aortic Valve Implantation [TAVI]	78.40	21.60
Cardiac surgery—valve replacement	87.69	12.31

https://doi.org/10.1371/journal.pone.0297049.t009

Table 9. Percentage of deaths before end of follow-up.
https://doi.org/10.1371/journal.pone.0297049.t009

Univariate and multivariate logistic regression models are detailed in S1 and S2 Tables of the supplementary material. Figs 9 and 10 display odds ratios with 95% confidence intervals for associated risk factors for the most populous interventions (PCI and CABG). Significant associations to the 5% level are highlighted in bold type.

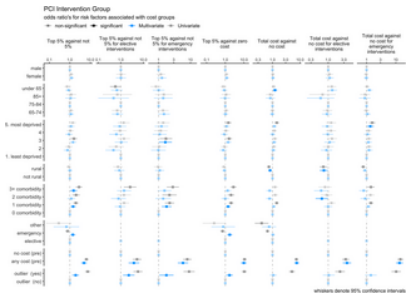


Fig 9. PCI intervention group—Odds ratios for associated risk factor.
https://doi.org/10.1371/journal.pone.0297049.g009

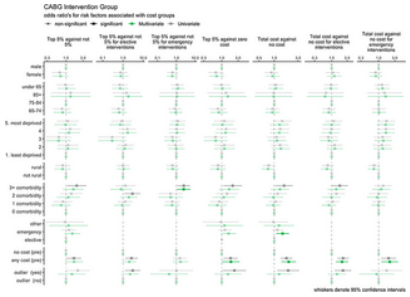


Fig 10. CABG intervention group—Odds ratios for associated risk factor.
https://doi.org/10.1371/journal.pone.0297049.g010

For PCI intervention, the male/female split showed a slight trend towards more females in the top 5% costs for emergency interventions, but no trend in total cost groups. Age categories revealed a mixed picture. Deprivation showed a slight trend towards most deprived for all top 5% cost categories, and total cost categories. Lower costs were seen in more rural locations. Higher comorbidity was present in patients in the top 5% of total costs group, but reduced in total cost categories in the adjusted analysis. Admission type showed a mixed picture where numbers were sufficient. Cost prior to intervention was associated with higher cost after intervention. Outliers were also associated with higher cost.

For CABG interventions, fewer females were seen in top 5% groups, in contrast to PCI. Again, age group showed a mixed picture. Deprivation, rurality, comorbidity and prior cost showed similar trends to PCI. Where admission type was emergency, higher cost post intervention was seen. Outliers showed more cost except in emergency interventions for both top 5% and total cost categories.

Discussion

Our results demonstrate that the most frequently performed interventions were PCI and CABG. In the case of PCI, the majority were performed as emergency procedures, with CABG the split was balanced between emergency and elective procedures. This is in contrast with the other interventions which were primarily elective. The highest cost was seen in emergency bed days.

These results illustrate how committing resources at early stages of the pathway is likely to lead to speedier diagnosis and treatment, securing improved patient outcomes and avoiding the need for more expensive interventions further down the pathway. The aim is to evaluate medium and long-terms benefits, with focus on resource utilisation being a cost analysis rather than cost-effectiveness, which considers differences in costs and differences in patient outcomes (clinical, quality of life, mortality). Patient outcomes are featured alongside the resource differences. The deprivation breakdown revealed that people from more deprived areas had lower costs before but higher costs after the intervention. Mechanisms which drive associations between deprivation and higher cost health resource use are complex and inter-related. Previous studies have shown that patients with higher levels of deprivation use their GP to a similar level as those living in lesser deprived areas but have higher unplanned care utilisation rates resulting in higher total cost of care per person [29]. Given the type of interventions it is perhaps not wise to assume lower costs will occur post intervention for all patients, but does highlight possible points in the pathway for interventions which may lower costs, such as targeted policies to increase early identification and referral for patients in more deprived communities.

On applying unit cost, hospital bed day costs become amplified due to having a higher relative unit cost. In general, primary care costs were relatively small, but it is worth noting these were derived from events identifiable as physical visits. The greatest costs appear to come from emergency bed days. Other studies have shown marginal cost reduction in healthcare usage following increased expenditure [30], but the picture is nuanced [31], therefore knowing where to target expenditure is valuable knowledge.

When examining specific interventions, in the case of elective EP interventions, there were more elective events after the intervention. The picture is less clear following emergency EP interventions. CABG, PCI and Valve surgery had broadly similar distributions before and after in both elective and emergency cohorts. Cardiac devices showed a slight trend towards more elective bed days in the elective cohort, whereas the reverse was seen for TAVI.

Our method of evaluating healthcare resource use highlights differences in cost profiles between patients receiving specialised interventions, particularly between those treated following an emergency admission and those treated following an elective admission. These different pathways can be considered proactive or reactive treatment interventions.

Our study has shown that proactive patient management in elective intervention reduces subsequent costs post-intervention, whereby the profile moves towards more representation of elective bed days. Thus providing evidence that may incentivise healthcare providers to identify and treat patients proactively.

The study's strengths include using routinely collected data at the population level and applying the same method across different interventions to facilitate direct comparison. Challenges arise in combining different health outcomes to create an overview of the impact on all services. We followed the data in an unbiased way from first level analysis, noticing the significance of high cost versus zero cost and allowing this to inform a logistic regression analysis comparing the characteristics of patients in these cost groups.

Study limitations include basing costs on averages. At an individual level, there is variation in costs of individual health resource use, but since we are able to look at the whole population, the sum total of the average is representative of actual costs incurred by the health service. Another limitation is the inability to validate coding completeness within the SAIL Databank, with a low number of TAVI procedures for example, which may be accounted for by a lack of accurate coding for that particular intervention. The GP data (WLGP) does not provide 100% coverage, but given the very low number of GP events shown in the results, and the substantially lower cost for GP resource use compared to secondary care, it is unlikely that additional GP data will change the results.

In conclusion, we have shown that early investment in the pathway could potentially reduce later costs. By examining the whole pathway, we can understand the main influences and identify the part of the pathway that would most benefit from investment or change. Allowing the data to lead can help reduce preconceived biases. Deprivation is a key driver in cost variation, and failure to access services in more deprived areas is seen. To understand cost variation, there is a need to better understand inequality and inequity of access to services.

Future research in this area will look at equity of access and the outcomes relating to proactive and reactive management.

Supporting information

S1 Table. Significant associations to 5% level from unadjusted univariate analysis.
https://doi.org/10.1371/journal.pone.0297049.s001
(DOCX)

S2 Table. Significant associations to 5% level from multivariate analysis.
https://doi.org/10.1371/journal.pone.0297049.s002
(DOCX)

S3 Table. Codes used to define interventions.
https://doi.org/10.1371/journal.pone.0297049.s003
(DOCX)

S4 Table. Codes used to define conditions.
https://doi.org/10.1371/journal.pone.0297049.s004
(DOCX)

Acknowledgments

The authors would like to thank Ronan Lyons (SAIL Databank), Ceri Phillips (NHS Wales), Karla Williams (WHSSC), and Richard Palmer (WHSSC) for their valuable contribution to the project. This study uses anonymised data held in the Secure Anonymised Information Linkage (SAIL) Databank. We would like to acknowledge all the data providers who make anonymised data available for research.

References

1. The Welsh Health Specialised Services Committee (WHSSC) [cited 21st February 2023]. https://whssc.nhs.wales/
2. NHS Wales Specialised Services Strategy [cited 21st February 2023]. https://whssc.nhs.wales/publications/strategies-and-plans/specialised-services-strategy/
3. Lee Xing Ju, Blythe Robin, Choudhury Adnan Ali Khan, Simmons Toni, Graves Nicholas, Kularatna Sanjeewa (2019) Review of methods and study designs of evaluations related to clinical pathways. *Australian Health Review* 43, 448–456. pmid:30089529
View Article • PubMed/NCBI • Google Scholar
4. Jessup R, Putrik P, Buchbinder R, et al. Identifying alternative models of healthcare service delivery to inform health system improvement: scoping review of systematic reviews. *BMJ Open* 2020;10:e036112. pmid:32229525
View Article • PubMed/NCBI • Google Scholar
5. Hudon C, Chouinard M, Aubrey-Bassler K, Muhajarine N, Burge F, Bush PL, et al. "Case Management in Primary Care for Frequent Users of Health Care Services: A Realist Synthesis." *The Annals of Family Medicine* May 2020, 18(3) 218–226; pmid:32393557

View Article • PubMed/NCBI • Google Scholar

6. Uribe-Leitz T, Esquivel MM, Garland NY, Staudenmayer KL, Spain DA, Weiser TG. “Surgical deserts in California: an analysis of access to surgical care.” *Journal of Surgical Research* March 2018 (223) 102–108; pmid:29433860
View Article • PubMed/NCBI • Google Scholar

7. Smith CM, Lall R, Spaight R, Fothergill RT, Brown T, Perkins GD “Calculating real-world travel routes instead of straight-line distance in the community response to out-of-hospital cardiac arrest.” *Resuscitation Plus* 8 (2021) 100–176. 2009;9(1). pmid:34816140
View Article • PubMed/NCBI • Google Scholar

8. Lloyd-Williams M, Shiels C, Dowrick C, Kissane D. “Socio-Economic Deprivation and Symptom Burden in UK Hospice Patients with Advanced Cancer—Findings from a Longitudinal Study.” *Cancers* 2021, 13,2537. pmid:34064172
View Article • PubMed/NCBI • Google Scholar

9. Gardiner JC, Luo Z, Liu L, Bradley CJ “A stochastic framework for estimation of summary measures in cost–effectiveness analyses*” Expert Review of Pharmacoeconomics & Outcomes Research* 2006 6:3, 347–358, pmid:20528527
View Article • PubMed/NCBI • Google Scholar

10. Ostovari M, Yu D “Impact of care provider network characteristics on patient outcomes: Usage of social network analysis and a multi-scale community detection.” *PLoS ONE* 2019 14(9):e0222016. pmid:31498827
View Article • PubMed/NCBI • Google Scholar

11. Perfetto EM, Oehrlein EM, Boutin M, Reid S, Gascho E “Value to Whom? The Patient Voice in the Value Discussion” *Value in Health* 20(2017) 286–291. pmid:28237211
View Article • PubMed/NCBI • Google Scholar

12. Ford DV, Jones KH, Verplancke JP, Lyons RA, John G, Brown G, et al. “The SAIL Databank: Building a national architecture for e-health research and evaluation.” *BMC Health Serv Res*. 2009;9. pmid:19732426
View Article • PubMed/NCBI • Google Scholar

13. Lyons RA, Jones KH, John G, Brooks CJ, Verplancke JP, Ford DV, et al. “The SAIL databank: Linking multiple health and social care datasets.” *BMC Med Inform Decis Mak*. 2009;9(1). pmid:19149883
View Article • PubMed/NCBI • Google Scholar

14. Jones KH, Ford DV, Jones C, Dsilva R, Thompson S, Brooks CJ, et al. A case study of the Secure Anonymous Information Linkage (SAIL) Gateway: a privacy protecting remote access system for health related research and evaluation. *Journal of Biomedical Informatics*: *special issue on medical data privacy* 2014. pmid:24440148
View Article • PubMed/NCBI • Google Scholar

15. Rodgers S.E., Demmler J., Dsilva R., Lyons R. Health and Place. 28 Sept 2011, Protecting health data privacy while using residence-based environment and demographic data.*Health and Place* https://www.ncbi.nlm.nih.gov/pubmed/21996431
View Article • Google Scholar

16. Rodgers SE, Lyons RA, Dsilva R, Jones KH, Brooks CJ, Ford DV, et al. Residential Anonymous Linking Fields (RALFs): a novel information infrastructure to study the interaction between the environment and individuals’ health. *Journal of Public Health (Oxf)*. Dec 31 (4): 582–588, 2009.
View Article • Google Scholar

17. Healthcare Resource Groups. https://digital.nhs.uk/services/secondary-uses-service-sus/payment-by-results-guidance/sus-pbr-reference-manual/hrg-grouping [Accessed 22 March 2023].

18. Operating Procedure Codes Supplement (OPCS).
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1069633/OPCS_codes_supplement_UKHSA.pdf
[Accessed 22nd March 2023].

19. World Health Organization. (2004). ICD-10: international statistical classification of diseases and related health problems: tenth revision, 2nd ed. World Health Organization. https://apps.who.int/iris/handle/10665/42980

20. Lyons J, Nafilyan V, Akbari A, Davies G, Griffiths R, Harrison E, et al. Validating the QCOVID risk prediction algorithm for risk of mortality from COVID-19 in the adult population in Wales, UK, *International Journal of Population Data Science*, (2022) 5:4:13. pmid:35310465
View Article • PubMed/NCBI • Google Scholar

21. Quality and Outcomes Framework [cited 22nd November 2022]. https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data#about-this-publication

22. Quality Assurance and Improvement Framework (QAIF): GMS contract 2021 to 2022 [cited 22nd November 2022]. https://gov.wales/quality-assurance-and-improvement-framework-qaif-gms-contract-2021-2022

23. Lower layer Super Output Area population estimates (supporting information)
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates
[Accessed 12 Dec 2022].

24. Welsh Government services and information. Welsh index multiple deprivation index. https://gov.wales/welsh-index-multiple-deprivation-index-guidance
[Accessed 12 Dec 2022].

25. Office for National Statistics. 2011 rural/urban classifications. https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications/2011ruralurbanclassification [Accessed 12 Dec 2022].

26. Lyons J, Akbari A, Agrawal U, et al. “Protocol for the development of the Wales Multimorbidity e-Cohort (WMC): data sources and methods to construct a population-based research platform to investigate multimorbidity” *BMJ Open* 2021;11:e047101. pmid:33468531
View Article • PubMed/NCBI • Google Scholar

27. Torabi F, Akbari A, North L, Lyons J, Bedston S, Abbasizanjani H, et.al “Impact of COVID-19 pandemic on community medication dispensing: a national cohort analysis in Wales, UK”, *International Journal of Population Data Science*, (2022) 5:4:1715. pmid:35677101
View Article • PubMed/NCBI • Google Scholar

28. Punekar Yogesh suresh, et al. "COPD management costs according to the frequency of COPD exacerbations in UK primary care." *International Journal of Chronic Obstructive Pulmonary Disease*, vol. 9, annual 2014, pp. 65+. *Gale Academic OneFile*, link.gale.com/apps/doc/A401216467/AONE?u=anon~3c97e02&sid=googleScholar&xid=7679b0cc. pmid:24426781
View Article • PubMed/NCBI • Google Scholar

29. Dixon A, Le Grand J, Henderson J, Murray R, Poteliakhoff E. Is the British National Health Service equitable? The evidence on socioeconomic differences in utilization. J Health Serv Res Policy. 2007 Apr;12(2):104–9. pmid:17407661.
View Article • PubMed/NCBI • Google Scholar

30. Longo F, Claxton KP, Lomas J, Martin S. Does public long-term care expenditure improve care-related quality of life in England? York, UK: Centre for Health Economics, University of York. 2020 Jul. (CHE Research Paper; 172).

31. Pace ML, Liu D, Goddard MK, Jacobs R, Wittenberg R, McGonigal G et al. The relationship between social care resources and healthcare utilisation by older people in England: an exploratory investigation. York, UK: Centre for Health Economics, University of York. 2020 Nov 4. (CHE Research Paper; 174).