



**GIG**  
CYMRU  
**NHS**  
WALES

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



PARCH  
RESPECT



PARTNERIAETH  
PARTNERSHIP



GWELLA AC  
ARLOESI  
IMPROVEMENT  
& INNOVATION



## **WELSH HEALTH SPECIALISED SERVICES INTEGRATED COMISSIONING PLAN 2023-2024**

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

# FOREWORD FROM WHSSC CHAIR AND MANAGING DIRECTOR

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

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

Working with Health Boards, the Plan has been developed in the context of the extreme financial pressures and service challenges facing NHS Wales, but our approach for the period of this plan is no less ambitious, seeking to consolidate and build on our commissioning approach as a tool for strategic change, sustainability, value and delivery. We will continue to ensure we maximise value in our core resources and enable clear return on investment, ensuring the most effective use of public money and supporting decarbonisation and the foundational economy, as well as promoting equity of service provision in our relationships with providers in Wales as well as in NHS England.

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

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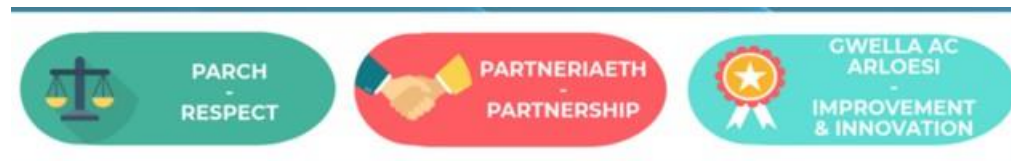
**Dr Sian Lewis**

**Managing Director**

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**Kate Eden**

**Chair**



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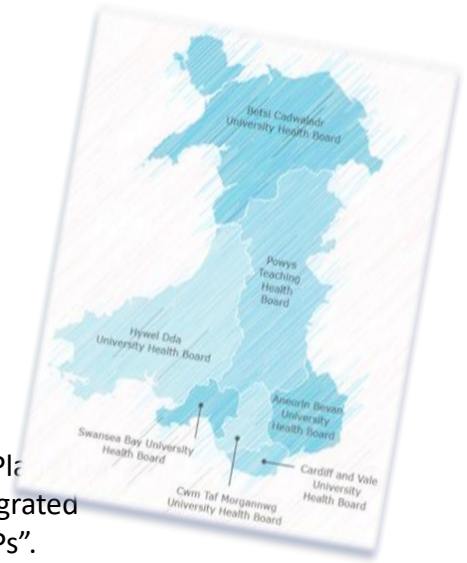
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# INTRODUCTION AND PURPOSE

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

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



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

Cancer & Blood



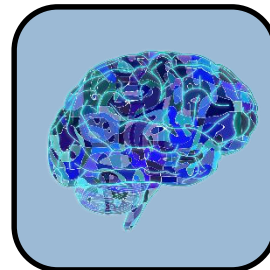
Cardiac



Mental Health & Vulnerable groups



Neurosciences



Welsh Kidney Network



Women and Children

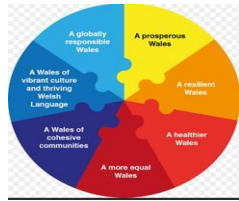


# PLANNING CONTEXT

## NATIONAL



WHSSC remains ambitious about the organisation's role in supporting the agenda set out in A Healthier Wales (2018) that describes a whole system approach to health and social care. Putting quality and safety above all else is the first NHS Wales core value. This focus has been strengthened more recently through the Health and Social Care (Quality and Engagement) (Wales) Act (2020), the National Clinical Framework for Wales (2021) and the Quality and Safety Framework (2021). Collectively these set out an aspiration for quality-led health and care services, underpinned by prudent healthcare principles, value-based healthcare and the quadruple aim. There are also a number of core principles aligned with 'Prosperity for All' that cut through this plan; such as a strong commitment to carbon zero, employment and sustainability, the foundational economy, equity and the socio-economic duty and the well-being of future generations. There is further national context that will emerge during the period of this plan, such as the strong central role that the NHS Executive will bring, aligned with the delivery of National Clinical Frameworks, as well as the opportunities and challenges on the horizon as a result of the changing landscape in NHS England with the creation of Integrated Care Systems. All of which are material to the delivery of Welsh Ministerial Priorities and the requirements of the NHS Wales Planning Framework for the delivery of value based specialist services. Our plans to deliver the Ministerial Priorities are attached at Annex A.



## REGIONAL

There is strong commitment within NHS Wales on regional planning to develop enhanced services for the Welsh population, both by means of more prudent use of NHS resources, and to aid a recovering system of planned and emergency care. Health Boards are working regionally through a variety of programmes and collaborative arrangements to plan, deliver and secure regional solutions to stroke, ophthalmology and orthopaedics. WHSSC also has a track record of working across Health Boards to enable responses to specialist services need, for example by commissioning the Major Trauma Network and Spinal operational Delivery network in South Wales, and will continue to work alongside Health Boards through regional planning arrangements to maximize the impact for sustainable specialist service provision.

## WHSSC



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

# PLANNING PRINCIPLES

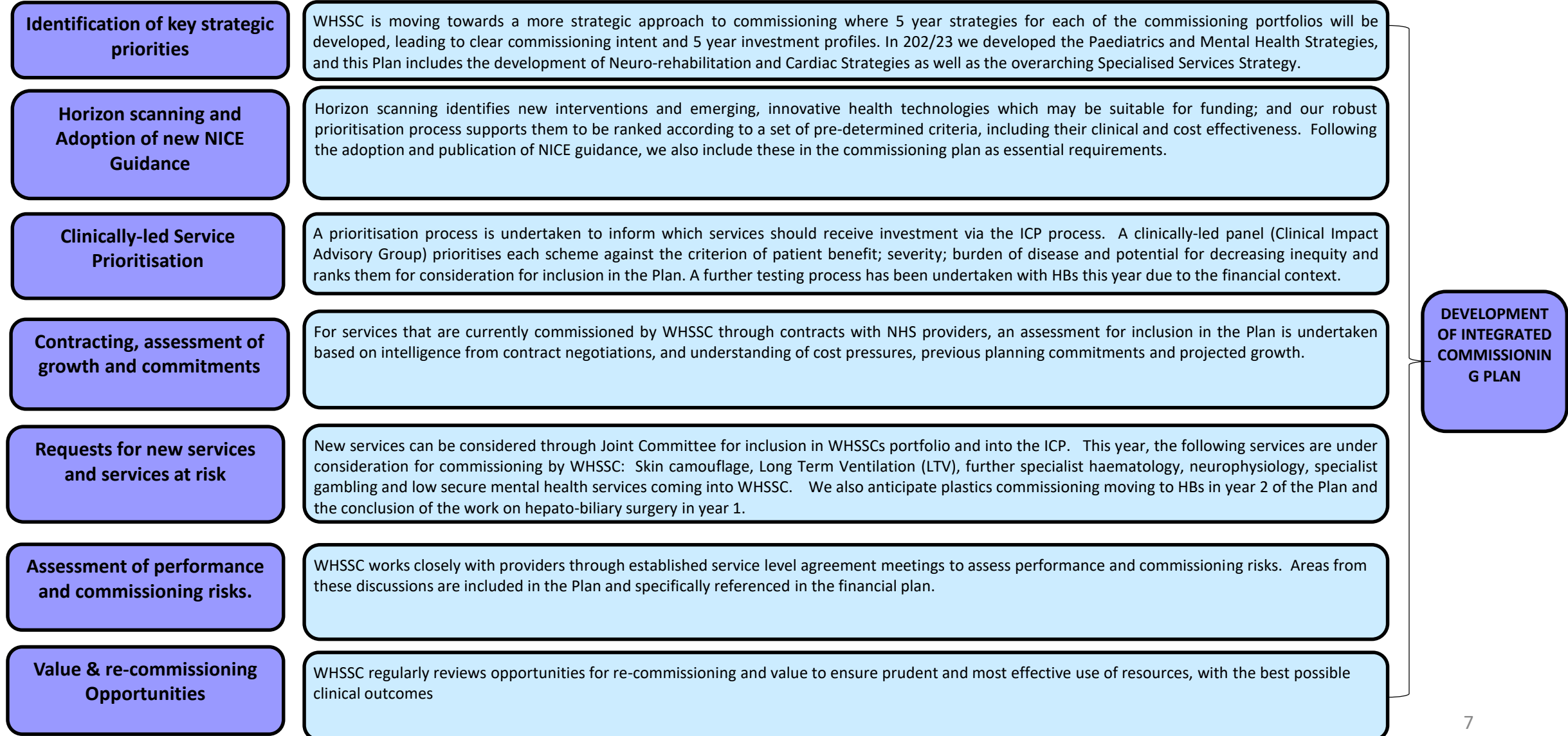
- **The overarching principle is to maximise value from our core resources**
  - To make overt choices on new developments and investments on a risk assessed basis
  - To ensure that considerations of equality and equity are central to planning and commissioning
  - To ensure that repatriation of services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





# PROCESS FOR DEVELOPING THE PLAN

The ICP for Specialised Services for Wales 2023-24 is a commissioner led, provider informed plan, which seeks to balance the requirements for quality assurance, risk reduction and improvement to health outcomes for the people of Wales within the challenging financial environment. There is a well-developed planning process that includes Health Board engagement in order to develop the Plan, with a number of elements as set out below:



# PROCESS FOR DEVELOPING THE PLAN : STRATEGIC COMMISSIONING

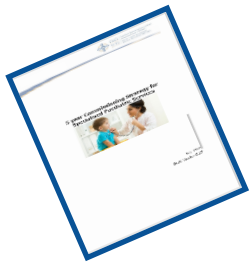


During 2022/2023, much work has been undertaken to develop strategies that will drive the commissioning of services, inform commissioning intentions and ultimately inform a financial profile delivery plan. Some of this work is summarised here:

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



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



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

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



# PROCESS FOR DEVELOPING THE PLAN : SERVICE DEVELOPMENT PRIORITISATION

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

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

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

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

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

| <u>Very High</u>   |
|--------------------|
| MSCC Co-ordinators |
| Neuro Rehab        |
| Neuropsychiatry    |

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

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

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

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

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

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

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

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

# INCREASING VALUE

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

Examples of  
Recommissioning to  
mitigate risk

Paediatric surgery waiting times; Plastic surgery waiting times; Bariatric surgery standards and waiting times; CAMHS to ensure delivery against service specification; access to adult learning disability secure care; access to children's learning disability secure care.

Examples of  
Re-commissioning for  
outcomes and VBHC

ATMP outcomes, Renal pre-habilitation project; medicines optimisation; SAIL (equity measurement); Paediatric Oncology Review; Audit days; work to develop a PROMS and PREMS framework for WHSSC.

Examples of  
Strategic re-  
commissioning

Mental Health Strategy, Paediatric Strategy; Intestinal Failure Strategic Review; Neuro-rehabilitation Strategy.

Examples of Re-  
commissioning through  
contract rebasing

Cardiac/TAVI; Neonatal cots rebasing; Additional/alternate provider for Bariatric surgery; Gender Identity Development services (GIDs) repatriation; Cochlear and BAHA; Home dialysis strategy; Intestinal Failure; Neuro-rehabilitation strategy.

## 2022/23 PROGRESS AND DELIVERY

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



**EQUITY**



**VALUE**



**SUSTAINABILITY**



**COMMISSIONER  
ASSURANCE**



**CARE CLOSER TO  
HOME**



**SERVICE  
IMPROVEMENT**



**QUALITY AND  
PATIENT SAFETY**



## CANCER AND BLOOD PROGRESS AND DELIVERY 2022/2023

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



## CARDIAC PROGRESS AND DELIVERY 2022/23

As of December 2022

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

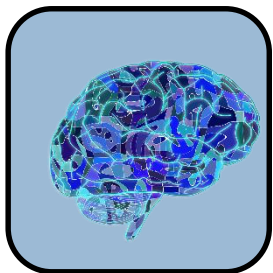




# MENTAL HEALTH PROGRESS AND DELIVERY 2022/23

## As of December 2022

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



# NEUROLOGICAL CONDITIONS 2022/23 PROGRESS AND DELIVERY

As of December 2022

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



## WELSH KIDNEY NETWORK PROGRESS AND DELIVERY 2022/23

As of December 2022

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



# WOMEN & CHILDREN PROGRESS AND DELIVERY 2022/23

As of December 2022

## Development

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



# CROSS WHSSC COMMISSIONING AREAS 2022/2023 – PROGRESS AND DELIVERY

As of December 2022

## Development

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

## OTHER WHSSC ACHIEVEMENTS 2022/2023


|  |  |
|--|--|
| <ul style="list-style-type: none"><li>• The All Wales PET programme was a finalist in the 'Working Together' category in the Moondance Cancer awards</li></ul>   | <ul style="list-style-type: none"><li>• Published a Case Study on reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis, with <i>Appl Health Econ Policy</i> <a href="http://doi.org/10.1007/s40258-021-00692-y">Http://doi.org/10.1007/s40258-021-00692-y</a></li></ul>   |
| <ul style="list-style-type: none"><li>• The Blueteq High costs drugs system was a finalist in the '@innovative Technology Project of the Year' category at the 2022 Welsh Pharmacy awards</li></ul>  | <ul style="list-style-type: none"><li>• Secured value in healthcare funded schemes for Advanced Therapy Medicinal Products (AMTPs) and an all Wales pre-habilitation programme for welsh kidney patients</li></ul>   |
| <ul style="list-style-type: none"><li>• The WHSSC/SAIL team won the 'Addressing healthcare inequalities' award at the Healthcare Financial Management Awards</li></ul>   | <ul style="list-style-type: none"><li>• Quality and Patient Safety Development Day held in September 2022</li></ul>  |
| <ul style="list-style-type: none"><li>• Our quality team and Neurosciences Commissioning Team achieved substantial assurance in their internal audits, building on substantial assurance received in several other areas over the last 18 months</li></ul> | <ul style="list-style-type: none"><li>• The Service, Innovation &amp; Improvement (previously know as audit) days restarted following reduction of restrictions during Coviid 19, with focus areas within the year being:<ul style="list-style-type: none"><li>• Intestinal Failure</li><li>• Cancer and Sarcoma</li><li>• Cystic Fybrosis</li></ul></li></ul> |





## 2022/2023 PERFORMANCE POSITION

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

|  <p>Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)<br/>Welsh Health Specialised Services Committee (WHSSC)</p> |                                       |                                       |                                       |                                       |  | Annex A - Recovery summary  |                       |                       |              |              |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|---|-----------------------|-----------------------|--------------|--------------|
| Episode comparison to current month (DHCW data warehouse)   |                                       |                                       |                                       |                                       |  | Data sources: DHCW inpatient episodes and RTT data; includes ALL episodes |                       |                       |              |              |
| Specialty_WHSSC   | CountEpisode<br>for 2019/20<br>(M1-7) | CountEpisode<br>for 2020/21<br>(M1-7) | CountEpisode<br>for 2021/22<br>(M1-7) | CountEpisode<br>for 2022/23<br>(M1-7) | CountEpisode<br>2022/23 % diff<br>from 19/20 | Current Waiting List totals (DHCW data)                                   |                       |                       |              |              |
|   |                                       |                                       |                                       |                                       |  | 202207<br>Admitted diagnostic<br>intervention                             | FUP OP<br>appointment | New OP<br>appointment | Unknown      | Total        |
| <b>Cardiac Surgery</b>  | <b>1,281</b>                          | <b>649</b>                            | <b>1,037</b>                          | <b>1,097</b>                          | <b>-14%</b>                                  | <b>156</b>  | <b>36</b>             | <b>91</b>             | <b>173</b>   | <b>456</b>   |
| Cardiff and Vale University Local Health Board  | 497                                   | 200                                   | 389                                   | 385                                   | -23%   | 119   | 23                    | 34                    |              | 176          |
| Liverpool Heart And Chest Hospital nhs foundation   | 264                                   | 183                                   | 274                                   | 248                                   | -6%  |   |                       |                       | 160          | 160          |
| Swansea Bay University Local Health Board   | 440                                   | 206                                   | 318                                   | 370                                   | -16%   | 37  | 13                    | 57                    |              | 107          |
| University Hospitals Birmingham Nhs Foundation t  | 39                                    | 31                                    | 25                                    | 49                                    | 26%  |   |                       |                       | 8            | 8            |
| University Hospitals Of North Midlands nhs trust  | 41                                    | 29                                    | 31                                    | 45                                    | 10%  |   |                       |                       | 5            | 5            |
| <b>Neurosurgery</b>   | <b>1,985</b>                          | <b>1,135</b>                          | <b>1,680</b>                          | <b>1,717</b>                          | <b>-14%</b>                                  | <b>263</b>  | <b>289</b>            | <b>508</b>            | <b>449</b>   | <b>1,509</b> |
| Cardiff and Vale University Local Health Board  | 1,261                                 | 701                                   | 1,069                                 | 1,120                                 | -11%   | 263   | 289                   | 508                   |              | 1,060        |
| The Walton Centre Nhs Foundation trust  | 634                                   | 367                                   | 522                                   | 523                                   | -18%   |   |                       |                       | 428          | 428          |
| University Hospitals Of North Midlands nhs trust  | 90                                    | 67                                    | 89                                    | 74                                    | -18%   |   |                       |                       | 21           | 21           |
| <b>Paediatric Surgery</b>   | <b>1,723</b>                          | <b>790</b>                            | <b>1,310</b>                          | <b>1,394</b>                          | <b>-19%</b>                                  | <b>512</b>  | <b>53</b>             | <b>469</b>            | <b>90</b>    | <b>1,124</b> |
| Alder Hey Children's Nhs Foundation trust   | 262                                   | 203                                   | 201                                   | 243                                   | -7%  |   |                       |                       | 90           | 90           |
| Cardiff and Vale University Local Health Board  | 1,461                                 | 587                                   | 1,109                                 | 1,151                                 | -21%   | 512   | 53                    | 469                   |              | 1,034        |
| <b>Plastic Surgery</b>  | <b>6,789</b>                          | <b>3,703</b>                          | <b>5,099</b>                          | <b>5,237</b>                          | <b>-23%</b>                                  | <b>2,574</b>  | <b>104</b>            | <b>1,647</b>          | <b>688</b>   | <b>5,013</b> |
| Countess Of Chester Hospital Nhs foundation trus  | 403                                   | 246                                   | 292                                   | 315                                   | -22%   |   |                       |                       | 217          | 217          |
| St Helens And Knowsley Teaching Hospitals nhs tr  | 826                                   | 415                                   | 632                                   | 678                                   | -18%   |   |                       |                       | 471          | 471          |
| Swansea Bay University Local Health Board   | 5,560                                 | 3,042                                 | 4,175                                 | 4,244                                 | -24%   | 2,574   | 104                   | 1,647                 |              | 4,325        |
| <b>Thoracic Surgery</b>   | <b>809</b>                            | <b>471</b>                            | <b>771</b>                            | <b>731</b>                            | <b>-10%</b>                                  | <b>61</b>   | <b>77</b>             | <b>67</b>             | <b>39</b>    | <b>244</b>   |
| Cardiff and Vale University Local Health Board  | 373                                   | 215                                   | 381                                   | 339                                   | -9%  | 49  | 69                    | 45                    |              | 163          |
| Liverpool Heart And Chest Hospital nhs foundation   | 140                                   | 107                                   | 169                                   | 154                                   | 10%  |   |                       |                       | 38           | 38           |
| Swansea Bay University Local Health Board   | 276                                   | 138                                   | 204                                   | 216                                   | -22%   | 12  | 8                     | 22                    |              | 42           |
| University Hospitals Of North Midlands nhs trust  | 18                                    | 11                                    | 17                                    | 22                                    | 22%  |   |                       |                       | 1            | 1            |
| <b>Total Specialty</b>  | <b>12,587</b>                         | <b>6,748</b>                          | <b>9,897</b>                          | <b>10,176</b>                         | <b>-19%</b>                                  | <b>3,566</b>  | <b>559</b>            | <b>2,782</b>          | <b>1,439</b> | <b>8,346</b> |

## 2022/23 PERFORMANCE POSITION

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

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

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

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

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

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

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

## 2022/2023 PERFORMANCE POSITION

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

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

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

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

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

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



## INTEGRATED COMMISSIONING TEAM PRIORITIES







## CONTEXT CANCER AND BLOOD

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

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

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

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

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

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



## 2023/2024 CANCER AND BLOOD PRIORITIES

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

| GOALS  | METHODS   | OUTCOMES   |
|--|---|--|
| Commission the provision of safe and sustainable specialised radiotherapy closer to people's homes.                            | <p>Commission additional providers of <b>Stereotactic Ablative Radiotherapy (SABR)</b> within Wales: undertake a designation process to commission BCUHB as a provider of SABR for the population of North Wales.</p> <p>Implement schemes approved for commissioning through the Prioritisation Panel and funded through the WHSSC ICP process:</p> <ul style="list-style-type: none"> <li>- To commission new indications for SABR - pelvic, kidney and pancreatic cancer. To develop commissioning policies and designate providers.</li> <li>- Proton beam therapy –craniospinal radiation. Policy development.</li> </ul> <p>Molecular Radiotherapy: The Cancer &amp; Blood commissioning team will work alongside the all Wales MRT programme, led by WHSSC, to take forward as appropriate the commissioning of MRT for Wales.</p> | <p>Increased access to SABR treatment closer to home for patients in north Wales with lung cancer. Increased sustainability and quality of the radiotherapy service within north Wales through providing modern radiotherapy services enhancing the ability to attract and retain high caliber staff. <b>Quarter 1.</b></p> <p>To provide equitable access for patients in Wales to SABR for the treatment of cancer and improve outcomes in line with clinical evidence.</p> <p><b>Quarter 4</b></p> <p>Equitable access for patients in Wales to MRT in alignment with clinical evidence and national guidance (NICE).</p> |
| To implement WHSSC's commissioning remit in haematology and immunology (subject to approval by Joint Committee in March 2023). | Establish a project plan to implement the recommendations of the haematology and immunology commissioning review undertaken in 2022/23.   | Improved patient access. Improved quality and sustainability. <b>Quarter 1-4.</b>  |





## 2023/2024 CANCER & BLOOD PRIORITIES Cont...

| GOALS  | METHODS   | OUTCOMES   |
|--|---|--|
| To implement new commissioning arrangements for plastic surgery (dependant on Joint Committee agreement in November 2022).                           | To develop and agree for implementing new arrangements for the commissioning of plastic surgery in Wales. To establish project structure and timelines for the re-alignment of commissioning responsibilities between WHSSC and health boards respectively. | Improved capability to innovate and develop pathways to improve patient care and outcomes.<br><br>Timescales subject to project plan following Joint Committee approval. Anticipated would commence in 2023/24<br><b>Quarter 4</b> |
| To commission new therapies for patients in Wales with cancer and blood disorders in alignment with the evidence of clinical and cost effectiveness. | To work with stakeholders to implement NICE guidance for CAR-T therapies. To develop commissioning policies and pathways for new CAR-T.   | Equitable access for patients in Wales to effective treatments to minimise survival and quality of life.<br><b>Quarter 4</b>   |
| To work with stakeholders to advance the strategic development of Thoracic services in Wales.  | To continue to support and work closely with the project led by Swansea Bay UHB to establish a single thoracic surgery centre at Morriston Hospital for the population of south west, east and mid Wales.   | Equitable access to high quality and sustainable thoracic surgery for the population of Wales.<br><b>Quarter 4</b>   |
| To work with stakeholders to advance the strategic development of Hepatobiliary (HPB) pancreatic surgery for welsh residents.                        | To continue to work with health boards towards transferring the commissioning of HPB surgery to WHSSC.  | Equitable access to high quality and sustainable HPB surgery for the population of Wales.<br><b>Quarter 4</b>  |



## CONTEXT CARDIAC SERVICES

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

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

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

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

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



## 2023/2024 CARDIAC SERVICES PRIORITIES

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

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



## CONTEXT MENTAL HEALTH AND VULNERABLE GROUPS

The Specialised Services Strategy for Mental Health was developed in 2022 in response to a number of key drivers including a number of Committee Inquiries and external reviews influencing Welsh Government policy and recommendations; changes to the commissioning landscape in England that have meant that the previous opportunities for cross border joint planning have reduced; the publication of service reviews considering learning disabilities, CAMHS inpatient services and secure services; and a focus on providing care for patients closer to home. The approved Strategy aims to address these key drivers and develop and modernise services in line with increased demand and acuity within mental health services to provide quality care for patients and enhance recovery.

Some key areas of focus for the Strategy include:

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

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

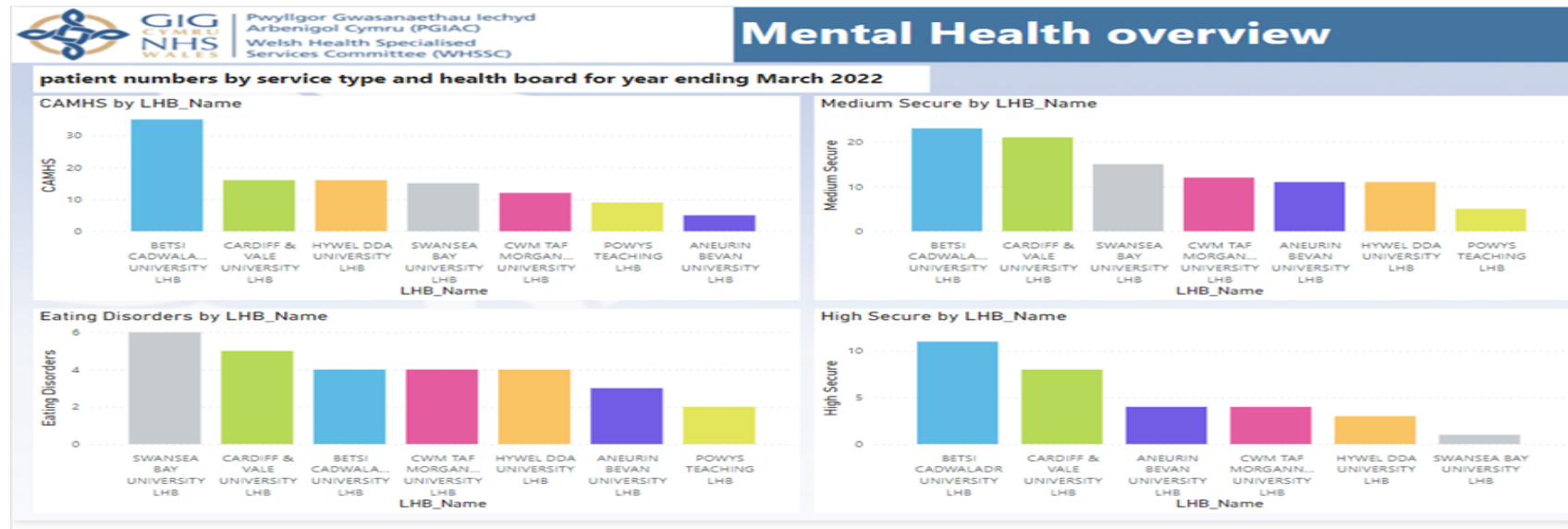
The Vulnerable Groups portfolio is a collection of very distinct services, including a combination of new services, non-specialised quality improvement initiatives and services that require multi agency working and or integrated models of care.



## CONTEXT MENTAL HEALTH AND VULNERABLE GROUPS

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

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





## 2023/2024 MENTAL HEALTH AND VULNERABLE GROUPS PRIORITIES

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

| GOALS   | METHODS   | OUTCOMES   |
|---|---|--|
| <p>Improve all specialist mental health services for Welsh residents</p> <p>Implementation of Year 1 of the Specialised Services Strategy for Mental Health. This includes but is not restricted to the priorities outlined below</p> | <p>Establish the programme arrangements for the Strategy</p>  | <p>People requiring specialist mental health services have higher quality services closer to home.</p> <p><b>Quarter 1</b></p>   |
| <p>Welsh residents to have access to high quality eating disorder provision. Commission sustainable provision for Eating Disorders</p>  | <p>Secure short term provision</p> <p>Options appraisal on future model</p>   | <p>Welsh residents have access to high quality eating disorder provision.</p> <p><b>Quarter 2</b></p>  |
| <p>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)</p>   | <p>Establish a programme</p> <p>Commission demand and capacity analysis</p> <p>Assess the impact of commissioning all secure service provision for mental health patients in Wales.</p> <p>Identify lead commissioner</p> | <p>Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system</p> <p><b>Quarter 4</b></p> |
| <p>To ensure mothers requiring specialist mental health services have access in a timely way</p>  | <p>Implement the findings of the review into the Mother and Baby Unit in Tonna.</p> <p>To work with NHSE on the Mother and Baby Unit for North Wales patients.</p>  | <p>Mothers requiring support are able to access this as close to home as possible in a timely manner.</p> <p><b>Quarter 4</b></p>  |





## 2023/2024 MENTAL HEALTH AND VULNERABLE GROUPS PRIORITIES

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



## 2023/2024 MENTAL HEALTH AND VULNERABLE GROUPS PRIORITIES

| GOALS   | METHODS  | OUTCOMES  |
|---|--|---|
| To formally commission Forensic Adolescent Consultation and Treatment Service (FACTS for Youth Offending Teams (YOTS) | <p>Develop and consult on a service specification for Forensic Adolescent Consultation and Treatment Service (FACTS) advice, guidance and consultation to Youth Offending Team service. (YOTs)</p> <p>Transfer of WG additional 'funding arrangement' to formally commissioned service against the service specification</p> | <p>Children and young people in the Youth Offending Team system have access/increased access to Forensic Adolescent Consultation and Treatment Services</p> <p><b>Quarter 2</b></p> <p>No additional investment required.</p> |
| To explore the commissioning of a Specialist Gambling Addiction Service for the population of Wales                   | <p>Scope what may be required</p> <p>Needs assessment enabled</p> <p>Present commissioning options to Welsh Government</p> <p>Subject to consideration, commission (needing identification of associated resources both staff and finance)</p>   | <p>Increased access to specialist support for people with gambling addiction across Wales</p> <p><b>Quarter 4</b></p>   |



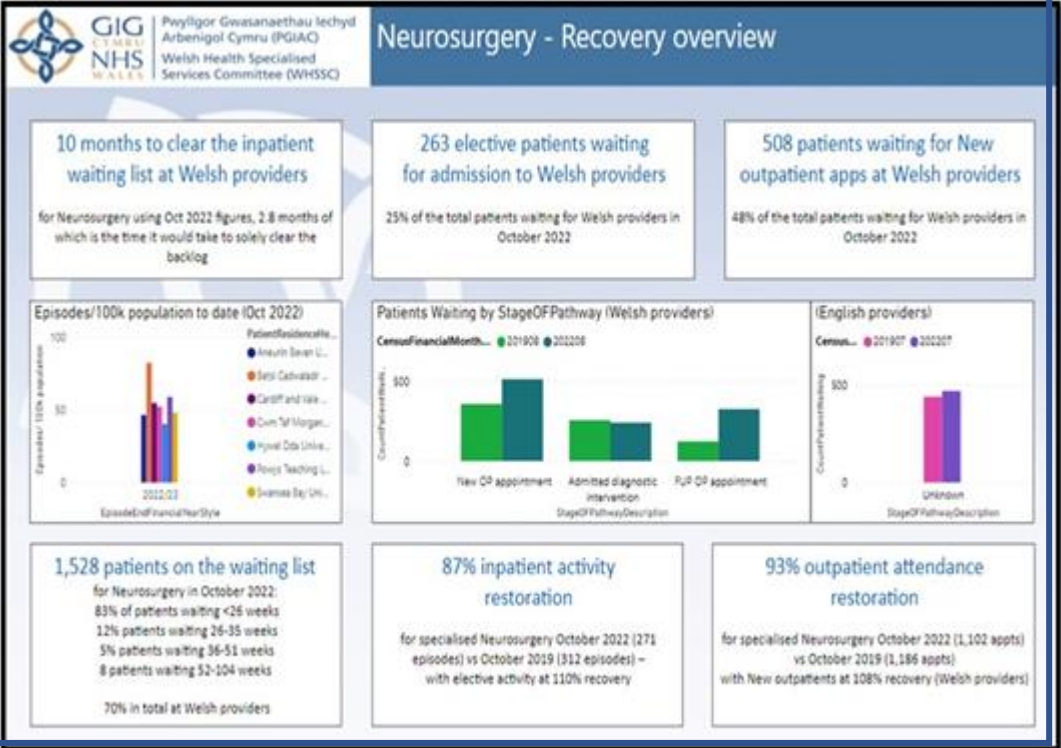
**Specialist Rehabilitation**—A number of risks have been identified in the South Wales service in delivering a sustainable service that can

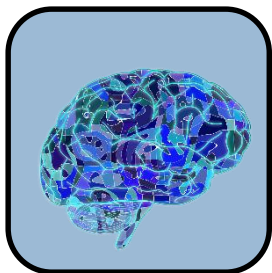
achieve BSRM standards, In particular, the workforce is significantly under resourced and subsequently patients cannot access the equivalent level of rehabilitation that is provided in other centres across the UK. Areas for development and improvement include addressing the inequity across the south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

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

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

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

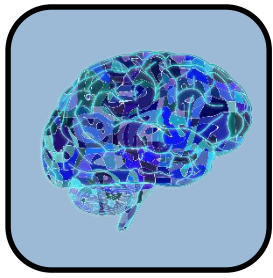




# 2023/2024 NEUROSCIENCES AND TRAUMA SERVICES

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

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



## 2023/2024 NEUROSCIENCES AND TRAUMA SERVICES

| GOALS  | METHODS  | OUTCOMES   |
|--|--|--|
| Development of a Specialised Rehabilitation Strategy   | Develop project structure<br>Strategy development<br>Strategy implementation plan  | Better flow of patients through the clinical pathway<br>Sustainable and equitable service across Wales<br>Achievement of national standards<br><b>Quarter 4</b>  |
| Develop a safe and sustainable Neuro-rehabilitation service for the South West Wales region which meets national standards and improves the flow of patients through the clinical pathway.               | Development of an All Wales service specification for neuro-rehabilitation<br>Development of a Business Case for workforce investment<br>Agree quality standards to measure and improve patient outcomes and experiences.<br>Development of the Case Manager role to and establishing the Rehabilitation coach posts | Strengthened clinical pathway ensuring timely access to specialised rehabilitation treatment.<br><br><b>Quarter 2</b>  |
| Enhanced Prolonged Disorders of Consciousness care Pathway (PDOC)  | Development of an All Wales service specification for neuro-rehabilitation<br>Development of a Business Case for workforce investment<br>Agree quality standards to measure and improve patient outcomes and experiences.  | Robust clinical pathway for patients with Prolonged Disorders of Consciousness that meets national standards and the National Clinical Guidelines (2020)<br><br><b>Quarter 2</b>   |
| Strengthened Spinal Surgery clinical pathway to reduce the high number of emergency radiotherapy cases and mitigate the risk of patients failing to receive surgical and radiotherapy in a timely manner | Business case development and consideration for two Metastatic Spinal Cord Compression Coordinators for south east and west Wales.   | Reduction in patient safety concerns.<br>Reduction of risk of paralysis and pain associated with spinal metastases.<br>Delivery of care in a timely manner<br>Ability to meet the NICE Clinical guideline (CG75)<br><br><b>Quarter 1</b> |
| Address the Major Trauma workforce gaps, identified in the peer review at the Major Trauma Centre, Cardiff and Vale UHB for the Paediatric and Plastics service  | Appointment of key staff to support both specialties as described in the CIAG prioritisation process. Business case to be submitted.   | Paediatric major trauma patients receive high standards of care as adult patients , highlighted in the peer review<br><br><b>Quarter 1</b>   |



## WELSH RENAL NETWORK CONTEXT

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

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

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

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



# WELSH RENAL NETWORK PRIORITIES 2023/2024

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

| GOALS   | METHODS  | OUTCOMES   |
|---|--|--|
| Unit dialysis growth  | Close monitoring of activity levels enabling robust forecasting. Historical trends indicate this remains steady at 4% year on year growth. | Sustainable service that meets demand requirements.<br><b>Quarter 4</b>  |
| GIRFT Report recommendations as they apply to Wales. The GIRFT report was based wholly on analysis of NHS England dialysis services, but it is recognised that the findings and themes are similar to challenges facing Welsh services. | Partnership approach with NHS England Renal Transformation Programme (RSP) to ensure alignment with best practice.                         | Best practice and equity of service is maintained with any inequities in workforce across Wales addressed.<br><br><b>Quarter 4</b>                         |
| 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.<br><br><b>Quarter 4</b> |
| 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.<br><br><b>Quarter 4</b>  |
| Value in Healthcare programme to support the delivery of the Organ Donation and Transplant Plan for Wales.  | Utilising a Programme Management Office approach to establish a stakeholder Project Board to deliver the value in Healthcare programme.    | Pre-habilitation programme adopted<br><br><b>Quarter 4</b>   |





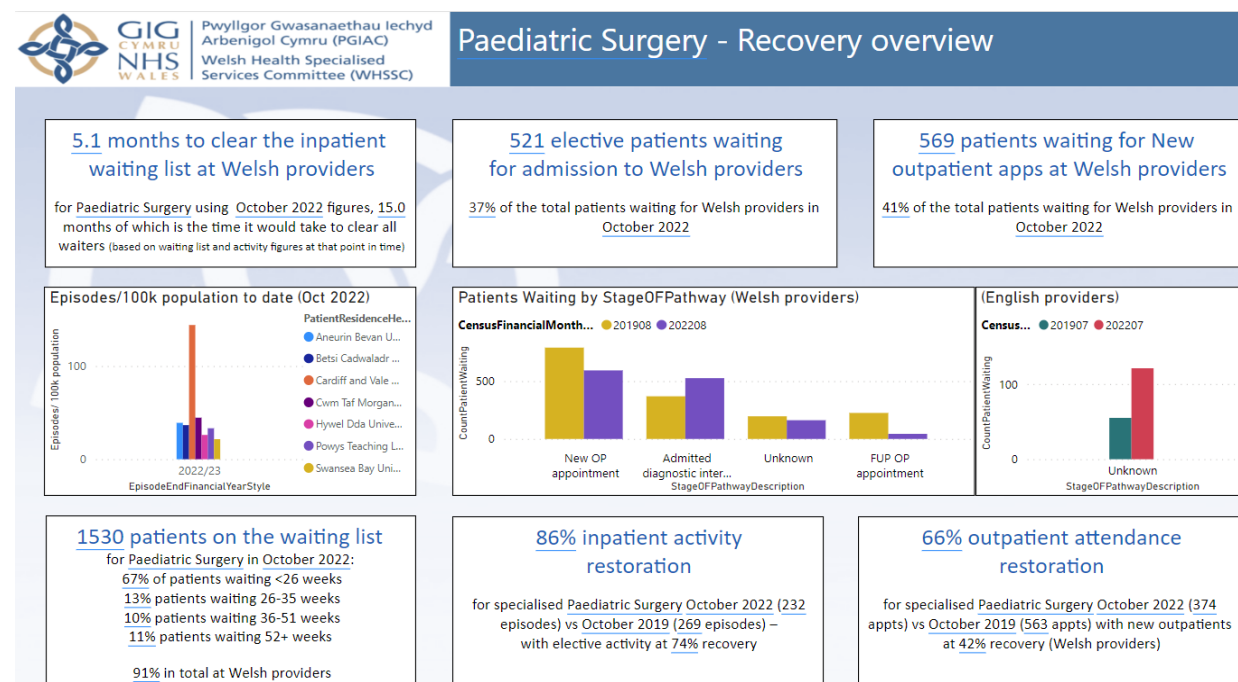
# WOMEN AND CHILDRENS : CONTEXT

Based on the 2020 mid-year estimates, the paediatric population for Wales is 596,592, which is 18.8% of the total population. To meet the tertiary needs of the paediatric population, tertiary paediatric services are commissioned by WHSSC from a number of providers across the UK. The South, South West, and Powys population predominantly access tertiary paediatric services from the Children's Hospital for Wales, Cardiff; Bristol Royal Hospital for Children; University Hospitals Bristol NHS Trust and Birmingham Children's Hospital. Children in North Wales mainly access services from Alder Hey Hospital. As of 22/23, the contract value for paediatric Specialised services for the population of Wales is £118m, which is 16.4% of the WHSSC budget. During 22/23, the 5 year commissioning strategy for specialised paediatric services was developed and approved which set out our ambitious approach to improving equitable access to quality services for the children of Wales.

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

The Strategy has at its heart the following strategic aim:

*“...to develop a 5 year commissioning strategy for the provision of high quality, sustainable and equitable specialised paediatric services for the children of Wales.”*







# WOMEN AND CHILDRENS PRIORITIES 2023/2024

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

| GOALS  | METHODS  | OUTCOMES   |
|--|--|--|
| Commission High Dependency Services for children accessing specialised services  | Work with provider to develop a business case<br>Consideration by Implementation Board prior to formal WHSSC process (CDGB / MG)   | Reduction in refusal rates monitored through activity<br><b>Quarter 3</b>  |
| Commission Paediatric Infectious Diseases  | Work with provider on business case<br>Consideration by Implementation Board prior to formal WHSSC process (CDGB / MG)   | Equitable access with equitable waiting times for all patients monitored through activity numbers and waiting times for treatment<br><b>Quarter 1</b>  |
| Review 3 services (TBC by Implementation Board and prioritised according to service risks) in detail to ensure: <ul style="list-style-type: none"> <li>Detailed access criteria</li> <li>Ensure sufficient MDT capacity to meet demand.</li> <li>Quality indicators in line with the STEEP Quality Frameworks</li> <li>Equitable access to high quality in-reach and outreach provision</li> <li>Contractual arrangement is fit for purpose</li> </ul> | Review one service per quarter<br>Published service specification for each reviewed service<br>Contract rebasing for each reviewed service<br>Individualised Quality Indicators published and reported against for each reviewed service<br>Sustainable workforce model for each reviewed service. | Improved access to Paediatric Services for all patients across Wales<br>Equitable waiting times for patients accessing both in-reach and outreach services<br>Sustainable staffing levels that meet the needs of the paediatric Population<br><b>Quarter 1-4</b> |
| Develop Specialised Paediatric Surgery service specification, ensuring clear access and exclusion criteria   | Clinical engagement Clinical workshop<br>Consideration by Policy Group and formal consultation.  | • Clear access criteria for specialised paediatric surgery<br><b>Quarter 4</b>   |



## CROSS CUTTING COMMISSIONING PRIORITIES 2023/2024

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

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

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

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

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

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

### ***National Programmes***

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

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

- A national, long-term strategy is required for the safe, equitable, and efficient delivery of MRT in Wales.
- A full strategic review should evaluate all aspects of the existing and future Welsh MRT service.
- This full strategic review should be done on a national basis and include assessment of leadership, commissioning, workforce, facilities, legislation, logistics and permits.



## CROSS CUTTING COMMISSIONING PRIORITIES 2023/2024

| GOALS  | METHODS   | OUTCOMES   |
|--|---|--|
| Increased focus on medicines optimisation  | Clear programme of activity<br>Focussed areas for value based schemes<br>Increased focus on evidence based prescribing and procurement (Blueteq)  | Value based commissioning and more prudent use of resource<br>Wider and more timely access to medicines<br>Increased information for policy development  |
| Progress schemes aimed to address value (outcomes)   | ATMP outcomes project; Prehab for chronic kidney disease; Neonatal discharge project; Neonatal surgical outreach nurse; Paediatric Oncology 'All in it together'  | Increased value (both outcome and cost) and prudent use of resource  |
| Further progress the All Wales PET Programme:<br>· Installation of a new fixed digital scanner at PETIC in Cardiff; in Swansea and development of a business case to support a new fixed digital scanner in North Wales. | All Wales Procurement of scanners.<br>Identify workforce and training needs<br>Centres of Excellence defined and requirements present at PET sites.<br>Determine radiopharmaceutical supply requirements for the short, mid and long term<br>Baseline the Programme benefits  | Increased scanning capacity across Wales to meet growing clinical demand<br><br>Increased patients access to high quality facilities, optimum scanning and increased access to clinical trials and other research activity |
| Develop an all-Wales Programme for Molecular Radiotherapy  | Establish Programme Arrangements; Consider horizon scanning of new technologies, clinical demand, workforce, facilities, licensing/regulations/permits, radioactive material handling/travel/storage  | A clear direction for MRT services in Wales<br><br>Development of a long term strategy to ensure the safe, equitable and efficient delivery of MRT in Wales  |
| Re-commission Intestinal Failure services as a result of the recent review   | Review bed base and costs<br>Review externally provided HPN   | Increased access<br>Increased clinical and patient satisfaction  |
| Identify cross pathway opportunities for cost reduction and efficiencies   | WHSSC and Health Boards to develop a plan to identify pathway wide opportunities included the Specialised Psychology Services Review  | Cost reduction and increased efficiencies  |
| Identify recommissioning opportunities   | Undertake systematic assessment to review access thresholds across the pathway<br>Identify opportunities to reduce or contain activity levels – having due regard to equity, cross border and EQIA risks<br>Evaluate investments from last 3 years to test and map delivery benefits and re-target as appropriate<br>Review commissioning policies in targeted areas as agreed with HBs | Cost reduction and increased efficiencies  |

# QUALITY AND PATIENT SAFETY

The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. Quality is everyone's business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning.

The Commissioning Assurance Framework developed and agreed in 2021 is to provide assurance to Health Boards and the public that WHSSC commissions high quality clinical care and there are robust processes in place to monitor services. Through the Framework we will continue to seek Commissioner assurance by:

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

The fundamental principles underpinning Quality are to develop open and transparent relationships with our providers, to engage and involve the clinical teams and work in partnership with stakeholders when planning and commissioning services. Where concerns regarding the quality of services are identified and remedial action is required escalation processes are initiated and acted upon in a timely manner.

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



# QUALITY AND PATIENT SAFETY PRIORITIES

| GOALS   | METHODS  | OUTCOMES   |
|---|--|--|
| Continue to gain and develop mechanisms for reporting of quality assurance on commissioned services | <ul style="list-style-type: none"> <li>• Work with Health Boards/Providers to promote engagement and collaboration</li> <li>• Provide feedback at Commissioning Team/ SLA/QPS meetings</li> <li>• Work with other organisations and stakeholders to develop systems and processes to monitor outcomes/quality standards. These includes Digital Health Care Wales, Delivery Unit, Once for Wales and NHS England Improvement Team</li> </ul>   | Development of quality indicators and quality reporting that is reflective of the commissioned service specifications. |
| Continue to gain quality assurance and support quality improvement within commissioned services     | <ul style="list-style-type: none"> <li>• Work with Health Boards/Providers to promote engagement and collaborative working in Quality and Patient Safety</li> <li>• Implement and review action plans</li> <li>• Present feedback at Commissioning Team/SLA/QPS meetings</li> </ul>  | Ameliorated patient experience and outcomes in alignment with the Commissioning Assurance Framework                    |
| Identify and address variations in access and outcomes for the Welsh population                     | <ul style="list-style-type: none"> <li>• Continue to work closely with Health Board Quality Leads and Patient Experience Teams</li> <li>• Establish and strengthen relationships to enhance outcomes</li> <li>• Continue to monitor variation in access and outcomes for the Welsh population, ensuring services are sustainable with continuous improvement and development</li> <li>• Engage with Patient Support Groups</li> <li>• Action variations in appropriate forums with a clear plan and focus</li> </ul> | Equitable access and outcomes for the Welsh population who access specialised services                                 |



# RESOURCING THE PLAN—FINANCIAL CONTEXT

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

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

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



|   |   |
|---|---|
| <b>Risk Sharing</b>   | <ul style="list-style-type: none"> <li>• Current commissioner risk shares remain on pre-Covid utilisation over 2018/19 &amp; 2019/20</li> <li>• South Wales Neonatal commissioning shares updated for 2019/20 &amp; 2020/21 utilisation as part of Neonatal Cot review</li> </ul>   |
| <b>Baseline Assessment and Growth</b>                             | <ul style="list-style-type: none"> <li>• Welsh provider baselines are returned to 2019/20 pre Covid contract levels with the assumption system COVID mitigation is removed</li> <li>• English contract baselines reflect migration to integrated care systems and the impact of NHSE transitional ‘aligned payment and incentive’ framework</li> </ul> <p>Cost pressures such as the growth in TAVI activity and Mental Health out of area placements are deemed recurrent</p> <ul style="list-style-type: none"> <li>• Full year effect of prior year developments and strategy implementation to be reviewed for implementation progress</li> <li>• Independent sector provision inflation significant with RPI &gt; 10% and provider demands &gt;20%</li> <li>• New medicines growth in part mitigated by medicines management optimisation savings</li> </ul> |
| <b>Strategic Priorities &amp; Re- Commissioning opportunities</b> | <ul style="list-style-type: none"> <li>• Prior year agreed strategic investment for a number of key priorities including secure mental health, major trauma and specialised paediatric services (including neonatal cot reconfiguration) will continue</li> <li>• Re-Commissioning workplan includes Cardiac services review and anticipated disinvestment in commissioned Cardiac Surgery volumes and focus on delivering value, eg reducing mental health out of area placements</li> <li>• Anticipated part year funding requirement for Cardiff &amp; Vale Thrombectomy service as new Strategic Development</li> </ul>   |
| <b>Emerging Pressures</b>   | <ul style="list-style-type: none"> <li>• Single Thoracic centre delayed until 2026, sustainability risk of existing two site model</li> </ul>   |
| <b>Welsh Government Funding</b>                                   | <ul style="list-style-type: none"> <li>• Vertex Cystic Fibrosis drugs</li> <li>• Growth in ATMPs above current baseline, potential large no. of products due for NICE appraisal</li> <li>• Growth in genetics test directory above current baseline levels</li> </ul>   |



# RESOURCING THE PLAN— WHSSC 2023-24 ICP FINANCIAL SUMMARY

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



# SUMMARY OF COST SAVINGS AND EFFICIENCIES

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

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

## RISKS

- Less likely to be have material slippage in year – reduced ability to cope with unexpected in year pressures from activity movements, exceptional patient care packages and further inflationary issues
- Risk that we are planning not to meet the waiting times targets in plastics and paediatric surgery and reducing ability to outsource – further discussion of Delivery Plans in JC March 2023
- Longer term aim in thoracics is to increase capacity and access - screening uplift will take several years to materialise, but if cancer activity increases in year the contract will over perform
- Bringing forward cardiac issues may require operational change (eg Cardiac MDT arrangements)

# WHOLE PATHWAY EFFICIENCY SAVINGS AND COST REDUCTION

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

|   | Aneurin<br>Bevan<br>UHB | Betsi<br>Cadwaladr<br>UHB | Cardiff &<br>Vale<br>UHB | Cwm Taf<br>Morgannwg<br>UHB | Hywel<br>Dda<br>UHB | Powys<br>THB   | Swansea Bay<br>UHB | 2023/24<br>Pathway<br>Savings<br>Target<br>£m |               |
|---|-------------------------|---------------------------|--------------------------|-----------------------------|---------------------|----------------|--------------------|---|---------------|
|   | £m                      | £m                        | £m                       | £m                          | £m                  | £m             | £m                 | £m  |               |
| <b>WHSSC &amp; HB Shared Pathway Savings Target</b> | <b>(1.444)</b>          | <b>(1.583)</b>            | <b>(1.312)</b>           | <b>(1.105)</b>              | <b>(0.860)</b>      | <b>(0.314)</b> | <b>(0.951)</b>     | <b>(7.569)</b>                                | <b>-1.00%</b> |
| <b>% Uplift Required including Pathway Savings</b>  | <b>2.14%</b>            | <b>1.93%</b>              | <b>2.30%</b>             | <b>1.66%</b>                | <b>2.49%</b>        | <b>1.76%</b>   | <b>2.37%</b>       | <b>2.11%</b>                                  |               |

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

## PATHWAY SAVING THEMES

- Where improved access to specialised interventions leads to efficiencies in health board commissioned provision:
  - Example:** Access to PET scans providing earlier confirmed diagnosis of conditions leading to most efficient treatment pathway, avoiding other costly secondary care interventions.
  - Example:** The WHSSC 'Reducing Healthcare Inequality Research' project can demonstrate which cardiac interventions are most effective in reducing post treatment healthcare resources, this is aligned to the emerging growth in TAVI vs conventional Cardiac Surgery review within the Cardiac Commissioning Team workplan.
- Where resources can be re-directed lower down in the pathway to yield savings in Specialised provision:
  - Example:** Home Parenteral Nutrition feeds and nursing support currently delivered by non NHS provider, an NHS solution to manufacture the feed and develop a community nursing model would be more cost effective.
- Where system wide savings from mental health pathways functioning across Secure, CAMHS and eating disorders services can be mined by removing commissioning boundaries and securing capacity.
- Where systematic assessment of opportunities to review access thresholds across the pathway, including ability to benefit improving value for money and identify any further potential disinvestments.

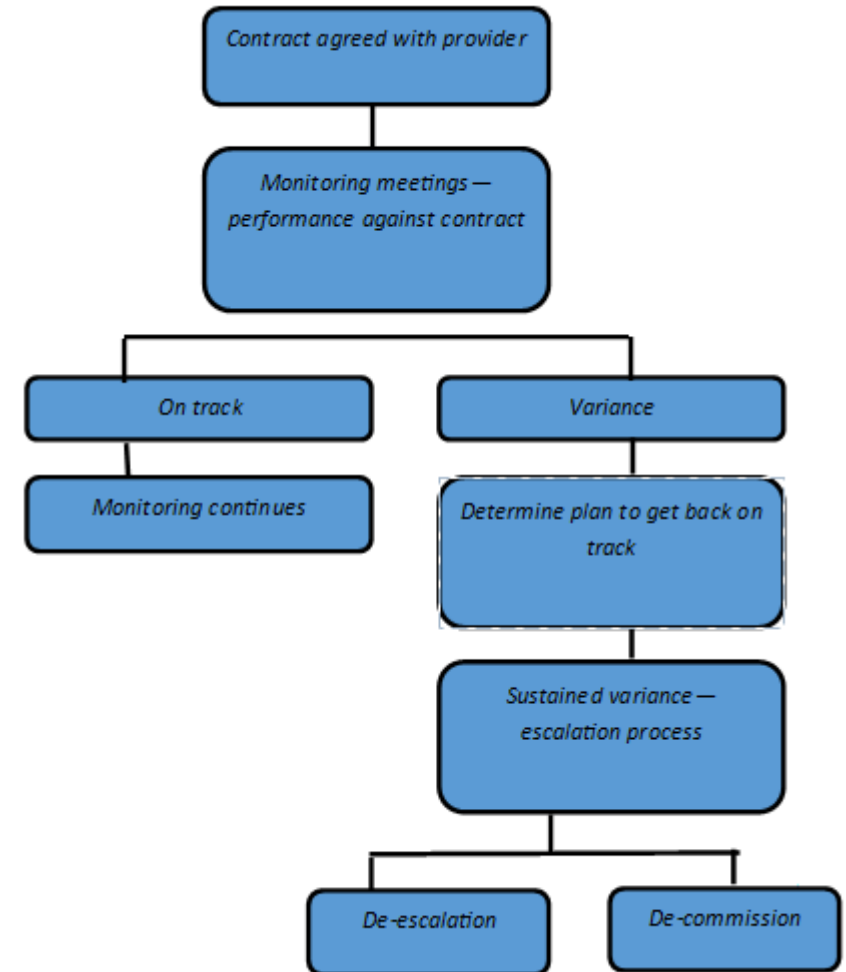
# PERFORMANCE MANAGEMENT APPROACH

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



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

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



# RISK MANAGEMENT

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

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

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

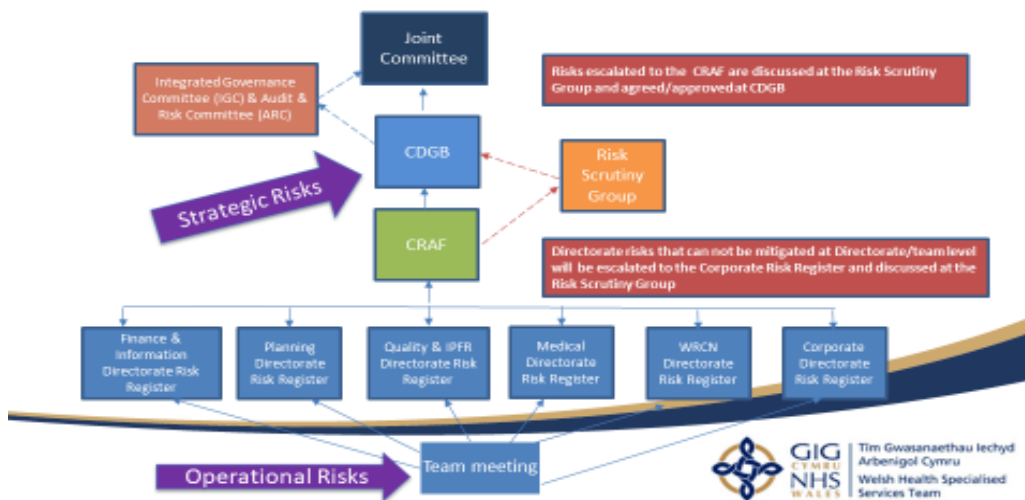
Any risks identified as scoring 15 and above are captured on the CRAF and are presented to the CDGB for scrutiny on a monthly basis. The Quality & Patient Safety Committee (QPSC), the Integrated Governance Committee (IGC) and the Cwm Taf Morgannwg Audit & Risk Committee (ARC) receive the CRAF at each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

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

- 23** Access to Care Adults with a Learning Disability
- 24** Access to care for Children's Learning Disability
- 29** WHSSC IPFR Governance
- 33** Welsh Government Priority Delivery Measures
- 34** Lack of Paediatric Intensive Care Beds



## Risk Register Process (Non Commissioning)



# GOVERNANCE, REPORTING & WORKFORCE

## Reporting on Plan Delivery

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

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

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

## Workforce and Direct Running Costs

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

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

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

# ENABLING DELIVERY OF THE PLAN

## Digital & Prudent



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

## Workforce



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

## Core Competency



- Developing and delivering commissioning competency both within and across NHS Wales
- Enabling a Once for Wales commissioning approach—sharing skills and competencies
- Enhancing the commissioning workforce so as to deliver increasing portfolio of services and responsibilities held by WHSSC
- Re-introduction of performance management framework

## Finance & Value



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

## Once for Wales



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

# DECARBONISATION, VALUE AND THE FOUNDATIONAL ECONOMY

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

To deliver the work, WHSSC will:

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

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

To deliver the work, WHSSC will:

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

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

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





## **APPENDICES**

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

# APPENDIX A MINISTERIAL PRIORITIES

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

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

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

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

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

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



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

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| Thoracic                                 | Priority area(s)   |
| <b>Key focus should be on delivering</b> | Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion   |
|  | <b>Thoracic surgery (component of lung cancer pathway)</b>   |
| <b>Baseline</b>                          | <p><i>Describe the baseline as of April 2023 from which you will be working</i></p> <p>Current performance: the thoracic surgery component to the lung cancer SCP should meet the standard that patients are treated within 21 days of the decision to treat. The south Wales services in SBUHB and CVUHB collaborate closely to use their joint capacity to achieve this target through cross referring patients when necessary to ensure timely treatment. Specific data to retrospectively confirm performance against the 21 day target is currently being collated.</p> |
| <b>Q! Milestones</b>                     | <ul style="list-style-type: none"> <li>- Delivery milestones will be agreed with providers if performance is not achieving the component waiting time target of 21 days (while 75% is the overall SCP performance target, the aim for the thoracic surgery component is to achieve/maintain full compliance subject to SCP measurement rules).</li> </ul>  |
| <b>Q1 Actions</b>                        | <ul style="list-style-type: none"> <li>- To monitor performance of thoracic surgery against the SCP component waiting time for the 3 main providers (CVUHB, SBUHB, LHCH) on a quarterly basis.</li> <li>- Monitor breaches of the component waiting time target and reasons for breaching on a quarterly basis.</li> <li>- Maintain support for the collaboration across the south Wales centres to use available capacity to meet the target and maintain equity for patients with lung cancer.</li> </ul>  |
| <b>Q2, 3 &amp; 4 Milestones</b>          | <ul style="list-style-type: none"> <li>- See quarter 1.</li> </ul>   |
| <b>Q2, 3 &amp; 4 Actions</b>             | <ul style="list-style-type: none"> <li>- See quarter 1.</li> </ul>   |
| <b>Risks</b>                             | <ul style="list-style-type: none"> <li>- Risks to delivery (such as theatre staff recruitment and retention) will be monitored.</li> <li>- As noted already, close collaboration across the south Wales centres provides opportunity for mitigation where risks develop in one provider.</li> </ul>  |
| <b>Outcomes</b>                          | <ul style="list-style-type: none"> <li>- The monitoring process will include performance against the SCP and activity against contracts. WHSSC also intends to hold a thoracic surgery improvement and innovation day in 2023-24 which will include reporting of patient reported outcomes, and clinical and service outcomes.</li> </ul>  |
| <b>Alignment with workforce plans</b>    | <ul style="list-style-type: none"> <li>- Workforce plans are the responsibility of the provider health board. As part of monitoring delivery, underlying capacity plans will also be monitored.</li> </ul>   |
| <b>Alignment with Financial plans</b>    | <ul style="list-style-type: none"> <li>- The delivery plan will be agreed in the context of the resources in the WHSSC ICP 2023-26.</li> </ul>   |