Agenda Item
4.2

Joint Commissioning Committee

Immunoglobulin Update

Dyddiad y Cyfarfod / Date of Meeting	22/09/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Iolo Doull, Medical Director
Cyflwynydd yr Adroddiad / Report Presenter	Iolo Doull, Medical Director
Noddwr yr Adroddiad / Report Sponsor	Iolo Doull, Medical Director

Pwrpas yr Adroddiad / Report Purpose	For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Board Medical Directors	05/12/2025	Approved
All Wales Immunology Strategy Group	09/12/2025	Noted
Chief Pharmacists Peer Group	19/12/2025	Noted
Directors of Finance	19/12/2025	Noted
Chief Pharmacists Peer Group	24/06/2026	Noted
Collaborative Commissioning Leadership Group (CCLG)	11/08/2026	Endorsed
Senior Leadership Team	09/09/2026	Endorsed

1. SITUATION/BACKGROUND

This report recommends a fundamental change to the commissioning and stewardship of immunoglobulin therapy across NHS Wales. Currently, responsibility is split between NWJCC and individual Health Boards (HB), resulting in inconsistent oversight, variation in access, fragmented data collection, and limited ability to audit appropriateness of use.

The report proposes that NWJCC becomes the single commissioner for all immunoglobulins use in Wales, supported by a national patient registry, a Wales Immunoglobulin Advisory Panel (WiAP), adoption of NHS England's commissioning policy, and strengthened governance arrangements. These changes aim to improve equity, stewardship, quality assurance, planning, and financial oversight. Estimated benefits could be up to £5 million per annum in cost avoidance or efficiency improvements, although rising demand is likely to absorb much of these gains.

Attached at **Appendix 1** is a full report providing a detailed overview of the work. Below are some of the key issues to highlight.

2. CURRENT CHALLENGES

The current challenges include:

- Commissioning arrangements are fragmented between NWJCC and HBs.
- No national patient registry exists, making it difficult to:
  - assess appropriateness of prescribing
  - monitor outcomes
  - undertake population-level audits
  - understand total national demand.
- Significant variation exists in:
  - access to homecare services
  - prescribing oversight
  - supply mechanisms (Blood Bank versus Pharmacy)
  - documentation and governance processes.
- Immunoglobulin use is expected to rise due to increased use of CAR-T and bispecific antibody therapies.

2.2.1 Governance and Stewardship

- Wales lacks a formal equivalent of NHS England's Sub-Regional Immunoglobulin Advisory Panels (SRiAPs).
- There is no routine national audit of immunoglobulin use or outcomes.
- Existing good practice includes:
  - WBS national procurement arrangements
  - the All-Wales Immunoglobulin Strategy Group (a-WISG)
  - experienced clinical and pharmacy teams.

3. KEY RISKS

The key risks include:

- Lack of National Data
    - NHS Wales currently cannot systematically determine whether immunoglobulin use is appropriate or being used in line with agreed criteria.
- Inequitable Access
    - Homecare access is better established for PID/IEI patients than for other indications, particularly neurology and secondary immunodeficiency patients.
- Inconsistent Supply Arrangements
    - Different hospitals use different supply routes and documentation processes.
    - Traceability arrangements are not standardised nationally.
- Resistance to Change
    - Clinicians are concerned that increased governance could:
        - reduce clinical flexibility
        - force product switching
        - delay urgent treatment.
    - Successful implementation will require extensive engagement with clinical services.

4. RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

- **Approve** the approach set out in the attached paper and accompanying report at **Appendix 1.**

5. KEY ACTIONS FOR JCC

5.1 Immediate Strategic Decisions

- Approve NWJCC as the single commissioner for all immunoglobulin treatments across Wales.
- Endorse the NHS England Clinical Commissioning Policy for therapeutic immunoglobulin (2025) for Wales.
- Retain procurement through Welsh Blood Service and continue use of the Immunoglobulin Product Selection Guide.

5.2 Governance and Assurance

- Establish a Wales Immunoglobulin Advisory Panel (WiAP) as a sub-group of the existing All-Wales Immunoglobulin Strategy Group.
- Introduce a national registration, follow-up and audit system for all patients receiving immunoglobulins.
- Use Blueteq as the national platform for approvals, registry data, audit, traceability and outcomes monitoring.
- Develop standard national approval criteria and peer review processes.

5.3 Operational Actions

- Standardise documentation and processes across Wales irrespective of whether supply is through Pharmacy or Blood Bank.
- Ensure all organisations can demonstrate donor-to-recipient traceability for audit and recall purposes.
- Review and improve homecare provision, particularly for non-PID indications.
- Ensure Health Boards have urgent and out-of-hours approval arrangements for immunoglobulin use.

5.4 Procurement Actions

- Maintain current WBS procurement arrangements.
- Undertake an options appraisal before the 2027-2030 procurement cycle to assess the benefits and risks of joining the NHS England contract.
- Continue to minimise product switching to reduce disruption for patients and services.

6. NEXT STEPS

- Secure formal JC approval for all-Wales commissioning.
- Implement Blueteq-based national registry and audit system.
- Engage with immunology, haematology and neurology services to develop indication-specific approval forms.
- Establish WiAP with clinical, pharmacy, WBS, Health Board and patient representation.
- Pilot audit activity in haematology services.
- Review homecare models and opportunities for expansion.
- Review pharmacy versus blood bank supply arrangements and traceability requirements.

Acronyms

Acronyms / Glossary of Terms	
BTC	All Wales Blood Transfusion Chart
AWMAR	All Wales Medicines Administration Record otherwise known as the All Wales Inpatient Prescription Chart.
IEI/PID	Inborn errors of immunity/Primary immunodeficiency disease
NWJCC	NHS Wales Joint Commissioning Committee
WBS	Welsh Blood Service
PDMPs	Plasma-Derived Medicinal Products
a-WISG	all-Wales Immunology Strategy Group
HBs	Health Boards
SRiAP	NHS England Sub-Regional immunoglobulin Advisory Panel
WiAP	Wales immunoglobulin Advisory Panel
ePMA	Electronic prescribing and medicines administration system (e.g. Careflow, Better, Nervecentre, HEPMA)

Strategic and Regulatory Assessment

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Maximise Value If more than one applies please list below: Ensure quality Improve equity and population health
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge If more than one applies please list below: Learning, Improvement and Research Whole-systems perspective
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Effective
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment	
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality**	Yes: ✓ Outcome: The impact of the proposed recommendation is assessed as overall positive with an initially high level of activity required during

Have you undertaken a Quality Impact Assessment Screening?	implementation falling to a low-moderate level.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ✓ Outcome: The proposed recommendations are expected to have a positive or neutral impact on the protected characteristic groups. No actions need to be taken to mitigate the impact of the proposed recommendations.
Cyfreithiol / Legal	The supply of an intravenous medicinal product (specifically a PDMP) by Blood Banks. The WG Chief Pharmacist and the Clinical Directors of Pharmacy are considering this issue.
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes • WiAP Administrator/Data Analyst: Band 4-7 dependant on the detailed Job Description. • Sessional payments for clinicians for involvement in the WiAP. • Blueteq licence and maintenance is • already paid by NWJCC. The estimated cost-savings through improved stewardship of immunoglobulins can be redirected to funding the clinician and data-analysis/administration of WiAP.