

Agenda Item

2.6

Joint Commissioning Committee

Director of Commissioning for Specialised Services

Dyddiad y Cyfarfod / Date of Meeting	27/01/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Heads of Commissioning for Cancer & Blood, Cardiac, Neurosciences & Long-Term Conditions, Women & Children and Intestinal Failure Commissioning Portfolios
Cyflwynydd yr Adroddiad / Report Presenter	Director of Commissioning for Specialised Services
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner
Pwrpas yr Adroddiad / Purpose of the report	For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
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Committee / Group / Individuals	Date	Outcome
JCC Senior Leadership Team Meeting	21/01/2026	Noted

Acronyms

These can be located at the end of the report

This report provides an update on the commissioning and delivery of specialised services across Wales, highlighting key developments, risks, and priorities.

1. SUMMARY OF HIGHLIGHTS AND RISKS FOR SPECIALISED SERVICES

Cancer and Blood - Significant progress has been made in implementing Advanced Therapy Medicinal Products (ATMPs) following NICE approvals, including gene therapies for haemophilia and sickle cell disorders. Additional pathways with English providers are being finalised to support surge capacity for CAR-T therapy.

Plastic surgery waiting times in South Wales have improved markedly, with sustained reductions supported by Welsh Government funding. In North Wales, outreach clinics continue to face capacity challenges, with a new funding model for 2026–27 in development.

The critical risk remains regarding JACIE certification for Blood and Marrow Transplantation and CAR-T services, requiring corrective action and long-term capital planning to maintain service continuity.

PET-CT demand continues to rise, with supply chain and contractual issues impacting provision in North Wales.

Cardiac Services - Phase 2 of the Cardiac Review is progressing, with a revised service specification published and stakeholder engagement underway. TAVI activity remains above baseline due to increased referrals, prompting proposals for additional capacity.

Obesity surgery provision faces disruption following notice from the Northern Care Alliance, with alternative provider options being explored. WIMOS has expanded capacity to accept limited referrals from North Wales.

Intestinal Failure - Work continues on transitioning patients to new suppliers, with price pressures anticipated. Opportunities to streamline approval processes through Blueteq are being explored.

Neurosciences and Long-Term Conditions – Development of a functional neurosurgery service specification and designation of a Deep Brain Stimulation provider is ongoing. Specialist Auditory and Implantable Devices service in Cardiff has been put into level 3 escalation and the escalation meetings have commenced.

An updated action plan is due within the next week.

Welsh Kidney Network - Governance changes have been implemented following the implementation of the review recommendations, and recruitment is underway to strengthen leadership and delivery capacity.

Key priorities include dialysis, home therapies, and kidney transplantation, addressing significant commissioning risks related to capacity and sustainability.

Women and Children's Services - The Neonatal Intensive Care service at the Children's Hospital for Wales has been de-escalated following improvements, with enhanced monitoring continuing.

Quarterly assurance meetings have taken place across providers. Positive developments include leadership changes at the Wales Fertility Institute, while maternity and neonatal improvement work continues following recent independent reviews.

Demand Management Project - At the December JCC Committee meeting a plan of work was agreed to support managing back English provider activity during quarter 4 where it was clinically safe to do so.

Actions since the meeting have included:

- Issuing of a formal letter to all English providers where significant activity would be expected in quarter 4.
- Subsequent meetings have been held with providers with the exception of University Hospitals Birmingham, where a meeting is scheduled for late January. The meetings have discussed provider activity plans to year end, waiting list pressures and asked for the providers support to manage back activity where clinically appropriate.
- Formal discussions have taken place with Salford and the South Wales Obesity Services and agreement reached in principle to transfer the existing patient cohort from Salford to Swansea.

Immediate priorities are now to:

- Review the providers waiting list data
- Agree revised year end forecasts and
- Finalise an agreement with the South Wales Obesity Service and transfer all existing patients and ensuring any new patients are, effectively ceasing provision in Salford from early February to support patient care and manage demand to the end of Q4.

2. Specialised Services Highlights and Developing Risks

2.1 Cancer and Blood Services

Work continues to progress on the implementation of Advanced Therapy Medicinal Products (ATMPs) following recent approvals by the National Institute for Health and Care Excellence (NICE). These therapies include gene treatments for Haemophilia B, Beta-Thalassaemia, and Sickle Cell Disorder. In parallel, the commissioning team is finalising additional pathways with providers in England to support surge capacity for Chimeric Antigen Receptor T-cell Therapy (CAR T). These pathways are designed to ensure timely access to treatment for patients

in. South Wales diagnosed with diffuse large B cell lymphoma, mantle cell lymphoma, and acute lymphoblastic lymphoma.

Plastic surgery waiting times in South Wales have improved significantly, with SBUHB treating all patients waiting over 104 weeks by March 2025. This achievement has been sustained through Q3 with support from Welsh Government planned care funding, and additional capacity is being planned to ensure no patients wait longer than 26 weeks for their first outpatient appointment.

In North Wales, outreach clinics managed by BCUHB and delivered by Mersey and West Lancashire Trust continue to face capacity challenges. A funding model for 2026–27 is being finalised and further waiting list initiatives have been delivered to eliminate the backlog while routine capacity is increased.

A significant risk has emerged regarding JACIE certification for Blood and Marrow Transplantation (BMT) and CAR-T services at CVUHB and SBUHB. The inspection took place on 19 September 2025, and the report was received on 9th January. The report recognises the high quality of the service and commitment of the clinical team. However, there are a number of areas of non-compliance that need to be addressed and evidence of correction provided to the JACIE committee by 8th July. On receipt of this evidence in July, JACIE will consider whether to award re-certification. As members will recall, the main area of non-compliance relates to the in-patient facility which does not meet the required standards for infection control. Given that this requires a longer-term capital solution, it is anticipated that credible, signed-off plans for achieving a compliant in-patient facility will be acceptable to JACIE. JCC will work with Cardiff & Vale and Welsh Government over the next 6 months to support achieving continued JACIE certification of the south Wales BMT and CAR-T services. As previously noted, if certification is not maintained, CAR-T services would be suspended due to pharmaceutical supply restrictions, and BMT services may require alternative commissioning arrangements. Mitigation includes potential derogation for the delivery of local services and the development of pathways with English providers.

Demand for PET-CT scanning continues to grow, with annual increases of 13%, 12%, and 8% over the past three years. PSMA PET scanning remains volatile due to radioisotope supply issues, with mutual support and prioritisation measures in place. In BCUHB, due to issues relating to agreeing the new contract with the mobile PET provider, there has been temporary disruption to the service at Wrexham. Patients are being offered referral to alternative providers in south Wales and the north west. However, this is likely to lead to longer waiting times for some patients. At the time of writing, JCC is awaiting information on the detail of the duration of the gap in local provision, the interim plans and impact on patients.

The hereditary anaemias service at CVUHB faces capacity pressures due to a doubling of the patient population over five years. The service is fragile, relying

on a single consultant, and risks delayed care and staff burnout. The commissioning team will recommend increased capacity in the upcoming IMTP process.

2.2 Cardiac Services

The initial Project Board for the Cardiac review Phase 2 was held in October 2025.

Feedback and next steps were as follows; minimal refinement of the PID document, sharing of other key project documentation including Project Plan, RAID log and clarity of roles and responsibilities. Agreement was made to provide this documentation at the next Project Board meeting, which is scheduled for February 2025. Timescales for the options appraisal have been adjusted to Q1/Q2 of 2026/27 because of previous feedback from Joint Committee, this will ensure meaningful stakeholder engagement and wider consultation, ensuring robust and inclusive decision-making.

Transcatheter Aortic Valve Implantation (TAVI) activity continues to exceed contract baselines at Cardiff and Vale University Health Board (CVUHB), Swansea Bay University Health Board (SBUHB), and Liverpool Heart and Chest Hospital. This increase is attributed to a rise in post-pandemic referrals and the growing suitability of TAVI for high-risk patients. CVUHB has responded to waiting list pressures by establishing a temporary four-bed TAVI bay, which has proven successful and is now intended to be retained permanently. This overperformance will be reviewed as part of Phase 2 of the Cardiac Review to ensure alignment with population needs. In addition, SBUHB have since approached the NWJCC with a proposal for increased capacity for TAVI procedures, this is scheduled to be followed up with a formal business case.

On the 16 September 2025 a letter was received from the Northern Care Alliance (NCA) informing the NWJCC that the NCA will no longer be able to provide the Obesity Surgery Service at Salford Royal due to a number of operational challenges, including capacity issues and increased levels of demand. This letter included a formal six-month notice period, with the final date for accepting referrals being 31 March 2026. The letter included a commitment to treat the BCUHB patients who have already been referred and accepted by the NCA along with any further patients who are referred on or before this date.

The NWJCC will also be contacting the BCUHB obesity weight management service leads/clinical teams regarding the management of the waiting list and patient referrals for obesity surgery etc. The NWJCC will be exploring other Provider options as a matter of urgency and will engage BCUHB fully in this process.

2.3 Intestinal Failure (IF)

JCC are awaiting confirmation from CAVUHB IF team regarding the start date for transitioning existing patients to the new suppliers. A follow-up face-to-face meeting has been scheduled for mid-January to obtain an updated position. The portfolio is subject to projected price increases predominantly related to the provision of home care from the private sector.

There is an opportunity to implement Blueteq to help streamline the approval process and collaborative engagement with commissioned providers is underway.

2.4 Neurosciences and Long-Term Conditions

The JCC met with clinicians and stakeholders on the development of a service specification for a Functional Neurosurgical Service for Movement Disorders (including Deep Brain Stimulation) on 24th October 2025. The presentation included outcomes from the temporary pathway, developed using a Functional Neurosurgery Model, along with key considerations for designing an optimal delivery model for South Wales. The service specification is currently out for stakeholder consultation and extended until 30 January 2026 at the request of Llais and Specialised Services Commissioning Group.

The South Wales Mechanical Thrombectomy Service launched on 1 July 2025. A revised business case was expected from Cardiff and Vale University Health Board by October 2025, setting out how they propose to increase hours of access towards a 24/7 service at a faster pace than set out in the original business case agreed by JC in January 2024. It has been confirmed that the South Wales Thrombectomy Service is not currently in a position to extend their hours of operation. To mitigate the risk associated with inequitable access to a 24/7 service for the population of South Wales, the JCC are discussing the potential of extending the current arrangement with North Bristol Trust to provide 24/7 cover. In parallel to these discussions, Cardiff & Vale University Health Board and North Bristol Trust continue to explore a partnership approach to meet future demand of up to 10-15% of ischaemic strokes (current access rate in Wales is 3.3%).

The Cochlear Implant and Bone Conduction Hearing Implant service at CVUHB was escalated to Level 3 on 6th October 2025 due to staffing challenges impacting on delivery capacity. The next escalation meeting is planned for the 22nd January 2026. The commissioning team continues to monitor the situation closely.

There is an emerging performance risk in the South Wales Artificial Limb and Appliance Service, in particular waiting times for the Postural and Mobility Service and the Electronic Assistive Technology Services. Cardiff & Vale University Health Board has been asked for a SBAR (via the internal Clinical Board) setting out the contributing factors and mitigations prior to the commissioning team's recommendation for service escalation. The performance risk has been added to the commissioning team risk register and will be monitored closely.

2.5 Welsh Kidney Network

Following the implementation of the Governance Review recommendations to align the governance of the network to fit within the JCC governance structures, the first meeting of the Welsh Kidney Network was held on 13th January 2026. The new Independent Member with a special interest in WKN, Dr Paul Worthington is in place and currently meeting key stakeholders as part of their induction.

There have been a few workforce changes and some planned for the coming months. We have recruited an interim Head of Commissioning to backfill the current role as the individual will be focusing on the South-East Wales Unit Dialysis procurement exercise along with the National Home Therapies Framework. Interviews have been held for a new nurse lead for the network, with an offer made and the individual anticipated to start in March. A number of roles will be advertised shortly, aligning with the networks priorities, including an 8a Deputy Head of Commissioning who will lead the digital portfolio and the recommendations from the external review. Two other roles are to fulfill the OCP requirements including an 8a, a band 6 and band 4.

Submissions have been made as part of the wider JCC Integrated Medium Term Plan (IMTP) focusing on the network's priorities of:

- Dialysis: unit and home therapies
- Kidney Transplant
- Vascular Access for Adults requiring Haemodialysis

The key priorities of Dialysis and Kidney Transplantation also address the commissioning risks within the portfolio, two of which are reportable onto the NWJCC Risk Register. WKN 18 – Kidney dialysis capacity across Wales, and WKN 25 – Service sustainability of the national transplant programme in Wales.

2.6 Women and Children's Services

Following an escalation meeting held on the 2nd December 2025, the Neonatal Intensive Care service at the Children's Hospital for Wales was de-escalated from level 3 (Escalated measures) to level 1 (Enhanced monitoring) under the NWJCC Escalation Framework. This will involve monitoring the effective processes that

have been put in place to date to sustain improvement and ensure they are embedded in normal practice going forward. Monitoring will be through quarterly routine assurance and performance management meetings between the health boards clinical team and NWJCC’s commissioning team.

Quarterly neonatal assurance meetings remain in place across all providers, offering a platform to review staffing, recruitment, incident reporting, patient experience, and infection control. The next cycle of assurance meetings are due to begin in January 2026.

Members of the commissioning team, alongside Nursing & Quality colleagues attended a Maternity and Neonatal Learning and Improvement Conference hosted by Swansea Bay UHB in November 2025, following the findings of the independent review of services within the Health Board. The Health Board provided an unreserved apology to the families that had been let down by their service and provided an update on the improvements they had made to address the areas of concern identified in the report. The day provided the opportunity for stakeholder feedback on their lived experiences and journeys whilst accessing the services. The conference also heard from a number of experts in the field including inspectors and regulators and from staff working within the services.

There have been positive developments with the appointment of a new Person Responsible having officially taken over the role at the Wales Fertility Institute, following approval by the Human Fertilisation and Embryology Authority. The situation will continue to be monitored

3. 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 Reduce Duplication 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
	A More Equal Wales

Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Learning, Improvement & Research	
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Effective	
	Efficient Equitable Person Centred Timely Safe	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable	

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Not applicable at this stage
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Not applicable at this stage

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.
Enw da / Reputational	Yes (Include further detail below) Reputational impact of delivering those activities delegated to the NHS Wales Joint Commissioning Committee
Effaith Adnoddau (Pobl / Ariannol) / Resource Impact (People / Financial)	Yes (Include further detail below) Any resource implications associated with current specialised commissioning activities described in the paper are included within the body of the text.

4. RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

- **Note** the specialised commissioning updates summarised in this report; and
- **Note** the summary of specialised risks described, including that these are managed by means of the organisational risk register and that risks and services in escalation are reported to the QSOC for detailed scrutiny.

5. NEXT STEPS

Further updates will be provided at future meetings.

Acronyms	
ATMP	Advanced Therapy Medicinal Products
BMT	Bone Marrow Transplant
BSPRM	British Society of Physical Rehabilitation Medicine
CAR-T	Chimeric Antigen Receptor T-cell Therapy
CCLG	Collaborative Commissioning Leadership Group
CNS	Clinical Nurse Specialist
CUBRIC	Cardiff University Brain Research Imaging Centre
CVUHB	Cardiff and Vale University Health Board
DBS	Deep Brain Stimulation
ICP	Integrated Commissioning Plan
IOM	Intra Operating Monitoring
JACIE	Joint Accreditation Committee of the European BMT Society
NBT	North Bristol NHS Trust
NICE	National Institute for Health and Care Excellence
NWJCC	NHS Wales Joint Commissioning Committee
MDT	Multi-Disciplinary Team
MWL	Mersey and West Lancashire NHS Trust
NCA	Northern Care Alliance

PET	Positron Emission Tomography
QSOC	Quality, Safety and Outcomes Sub-Committee
RSSPPP	Regional Specialised Services Provider Planning Partnership
SABR	Stereotactic Ablative Body Radiotherapy
SBUHB	Swansea Bay University Health Board
SSCCG	Specialised Services Collaborative Commissioning Group
TAVI	Transcatheter Aortic Valve Implantation
WHSSC	Welsh Health Specialised Services
WIMOS	Welsh Institute of Metabolic and Obesity Surgery
WKN	Welsh Kidney Network