

Agenda Item

2.6

Joint Commissioning Committee

Director of Commissioning for Specialised Services Report

Dyddiad y Cyfarfod / Date of Meeting	17/03/2026
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)**

Committee / Group / Individuals	Date	Outcome
NWJCC Senior Leadership Team Meeting	11/03/2026	Noted

Acronyms

ATMP	Advanced Therapy Medicinal Products
BCUHB	Betsi Cadwaladr University Health Board
BMT	Blood and Marrow Transplantation

CT	Computed Tomography
CVUHB	Cardiff and Vale University Health Board
DIEP	Deep Inferior Epigastric Perforator flap (autologous breast reconstruction)
DOCSS	Director of Commissioning for Specialised Services
IF	Intestinal Failure
IMTP	Integrated Medium Term Plan
JACIE	Joint Accreditation Committee of the International Society for Cellular Therapy
NCA	Northern Care Alliance NHS Foundation Trust
NICE	National Institute of Clinical Excellence
NWJCC	NHS Wales Joint Commissioning Committee
OCF	Organisational Change Policy
PET	Positron Emission Tomography
PET-CT	Positron Emission Tomography - Computed Tomography
PID	Project Initiation Document
PSMA	Prostate-Specific Membrane Antigens
QSOC	Quality, Safety and Outcomes Sub-Committee
RAID	Risks, Actions, Issues, and Dependencies
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
UCLH	University College London Hospitals NHS Foundation Trust
WFI	Wales Fertility Institute
WHSSC	Welsh Health Specialised Services
WIMOS	Welsh Institute of Metabolic and Obesity Surgery
WKN	Welsh Kidney Network

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

1.1 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.

Achievement of the waiting times targets for plastic surgery has been sustained through 2025/26, supported by Welsh Government funding. However, while the target has been maintained, the overall size of the in-patient waiting list has increased. 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 during January/February.

1.2 Cardiac Services

The Cardiac Review project has established project governance in place with key milestones and risks identified. The next Project Board meeting is scheduled for March 2026. The timeline for undertaking the options appraisal have been adjusted in response to previous feedback from the Joint Committee, to ensure meaningful stakeholder engagement and wider consultation, ensuring robust and inclusive decision-making.

Working with SBUHB, arrangements are being finalised to commission interim tier 4 obesity surgery services for BCUHB and North Powys residents following Northern Care Alliance serving notice on their contract. A designated provider process will be undertaken to determine the preferred longer-term service provider.

1.3 Intestinal Failure

Concerns, relating to availability of nursing care and companies' responsiveness to changes in prescriptions have been highlighted within the new HPN providers, which are stalling efforts to transition patients. This is being addressed through a series of commissioner assurance meetings during March 2026. Opportunities to streamline approval processes through Blueteq are continuing to be explored.

1.4 Neurosciences and Long-Term Conditions

Consultation on the Functional Neurosurgery Service specification has closed, and the final specification is expected to be approved in April to enable the designation of a Deep Brain Stimulation provider to progress as planned.

The Specialist Auditory and Implantable Devices service in CVUHB remains level 3 escalation. Plans are in place to deliver a reduction in waiting times to 52 weeks by the end of March and meeting set to manage remaining concerns regarding pathway and service sustainability.

1.5 Welsh Kidney Network

The priority is to maintain a 'transplant-first' approach to commissioning, ensuring equitable access across Wales. This includes early identification and timely workup of all potential transplant recipients and donors and promoting transplant through shared decision making.

The sustainability of the National Transplant Programme in Wales remains an emerging risk until an appropriate business continuity plan is implemented.

Ensuring appropriate dialysis provision for Welsh residents is also a priority, promotion of home dialysis is essential through shared decision making, early identification and intervention on barriers to home therapies and timely access to home therapy dialysis access provision, training and support.

1.6 Women and Children's Services

Neonatal quarterly assurance meetings have taken place across providers during January and February 2026. CVUHB will be included in the next round of meetings, which will be their first since their service's de-escalation in December 2025. Maternity and neonatal improvement work continues following recent independent reviews.

With regards to Welsh Fertility Institute, several recent key leadership appointments have been made. Both the Neath and Cardiff sites have been recently inspected by the HFEA, whilst we are waiting for the formal reports to be sent to the units the informal feedback was positive and complimentary to the service.

1.7 Demand Management Project

Following the issuing of a formal letter to all English providers where significant activity would be expected to take place in quarter 4, meetings have been held with all providers and options to manage back activity discussed. All providers indicated that they manage a single patient waiting list across English and Welsh patients which brings operational challenges to the differential booking of patients. Providers have shared details of their waiting list and booking plans to year end which indicate a focus on patients with a high clinical priority.

Opportunities were identified to better validate Welsh patients waiting, ensure booking in clinical priority and then strict chronological order and opportunities to implement better demand management and referral acceptance criteria moving forward into 2026/27.

The NWJCC Commissioning and Finance Teams are now working to review January 2025 activity against plan for the high-volume English providers to determine accurate year end forecasts. Where required, further meetings will

be set up to discuss concerns and opportunities. Discussions regarding 2026/27 LTAs will also build on the demand management discussion. This will dovetail with the enabling referral management project into 2026/27.

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 leukaemia.

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 2025/26 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. However, the in-patient waiting list overall has increased over the last 5 months. The increase in the rate of out-patient activity may convert to growth in the in-patient list. There is therefore risk that 104 weeks will be difficult to sustain in 2026/27 unless there is further planned care funding available. The plastics delivery plan for 2026/27 is currently awaited.

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.

There are currently challenges in parts of Wales in accessing autologous reconstruction (DIEP procedure) for patients who have undergone mastectomy. This reflects wider capacity constraints for this procedure across many parts of the UK. There is currently no access to DIEP reconstruction for patients in mid Wales under the care of Shrewsbury due to a reduction in capacity in the West Midlands, and some limitations have been placed on access at Mersey & West Lancashire affecting patients in north Wales seeking DIEP reconstruction after risk reducing surgery. While the NWJCC is exploring alternative pathways, options are extremely limited.

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 19th 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 several 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. 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. NWJCC is working with CVUHB and Welsh Government 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. Members were advised in the previous DoCSS report of temporary disruption to the service in Wrexham for the population of north Wales and north Powys, due to issues relating to agreeing the new mobile provider contract. These issues have been resolved and the service was able to resume in mid-February. At the time of writing, the service can scan patients within the target turnaround time of 10 working days. During the temporary closure, patients were offered referral to alternative providers in South Wales and the North West. A report to NWJCC on the impact of the closure on turnaround times for scanning has been requested.

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 has recommended investment in increased capacity within the IMTP process.

2.2 Cardiac Services

The Cardiac Review project has established project governance in place with key milestones and risks identified. The next Project Board meeting is scheduled for March 2026. As previously reported timescales for the options appraisal completion have been adjusted to Quarter1/Quarter 2 of 2026/27, this will ensure meaningful stakeholder engagement and wider consultation, ensuring robust and inclusive decision-making.

The overperformance of Transcatheter Aortic Valve Implantation (TAVI) activity continues across all contracted providers, there has been a positive response in terms of managing patient waits. This will be further be further considered as part of the wider Cardiac Review project.

Northern Care Alliance NHS Foundation Trust (NCA) has previously advised NWJCC that it will no longer be able to provide the Obesity Surgery Service at Salford Royal Hospital from the 31st March 2026. This decision was due to operational challenges, including capacity constraints and increased demand. This affects patients from BCUHB and North Powys (who are treated and referred onwards from within BCUHB's tier 3 Obesity service), who due to the constraints in NCA had been experiencing extended waiting times. As an interim solution the NWJCC is in final negotiations with the Welsh Institute of Metabolic and Obesity Surgery (WIMOS, SBUHB) to transfer the current patients on the waiting list and ensure safe short-term provision, whilst a longer-term solution is sought.

BCUHB as the provider of the referring service have been made aware of the position and are working with the NWJCC to ensure effective referral pathways and patient communications.

A pilot, previously established with WIMOS to support BCUHB residents, has been positively evaluated, with excellent patient feedback.

2.3 Intestinal Failure (IF)

NWJCC met with the CVUHB IF team in January 2026 to discuss their progress in transferring existing IF patients to the new Homecare providers. CVUHB reported that they had found several operational and safety risks when onboarding new patients relating to nursing provision and prescription changes, making transfer of existing patients feel more challenging. NWJCC requested a summary report of the concerns and issues raised, including a timeline, an assessment of whether issues are recurring, and an evaluation of provider responsiveness. NWJCC will now hold Commissioning Assurance meetings in March 2026 with the Home Care Companies to discuss the issues and concerns highlighted and agree action plans to improve the position.

2.4 Neurosciences and Long-Term Conditions

The consultation on the specification for the Functional Neurosurgical Service for Movement Disorders (including DBS) closed on the 30th January 2026. In response to the extended consultation deadline (as requested by Llais), the planned Deep Brain Stimulation Service designation planned for Quarter 1 / Quarter 2 of 2026/27 process will be extended so that the approach aligns with the strategic intentions set out within the Integrated Medium Term Plan (IMTP), including the required timescales for implementing the designated provider(s) and the agreed model of care. To support this, the temporary

pathway provided by University College London Hospitals NHS Foundation Trust (UCLH) in partnership with CVUHB has been extended until the end of September 2026.

The South Wales Mechanical Thrombectomy Service launched on 1 July 2025. A revised business case was expected from CVUHB 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 NWJCC in January 2024. It has been confirmed that the South Wales Thrombectomy Service is not currently able 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 NWJCC are discussing the potential of extending the current arrangement with North Bristol Trust to provide 24/7 cover. In parallel to these discussions, CVUHB 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 Construction Hearing Implant Service at CVUHB remains in Level 3 escalation. At the most recent escalation meeting held on the 23rd of February 2026 the service was able to provide assurance that a waiting time of 52 weeks would be achieved by the end of March 2026. There remained concerns regarding the sustainability if this position given current staffing levels, differences within CT pathways and funding concerns. Actions were agreed with a view to improving the position, monitoring continues, and a further meeting will be arranged for the end of March 2026.

There is a performance risk in the South Wales Artificial Limb and Appliance Service (ALAS), regarding waiting times for the Postural and Mobility Service and the Electronic Assistive Technology Services. CVUHB has produced a SBAR (via the internal Clinical Board) setting out the contributing factors and mitigations, this was reviewed and considered in a service review meeting of the commissioning team and the ALAS service leads. There is an improvement plan and a trajectory for adequate recruitment to address the waiting time issues for patients leading to the performance concerns. This will continue to be closely monitored.

2.5 Welsh Kidney Network

Submissions have been made as part of the wider NWJCC IMTP focusing on the network's priorities. The plan is to address inflationary pressures, unavoidable demand growth, and implement a strategic shift to increase home dialysis capacity aligned with Get It Right First Time (GIRFT) recommendations and Service Specification key performance indicators (KPIs).

Home dialysis provides better health outcomes and allows patients to

schedule treatment at times that are most convenient for them. The aim is to increase home therapy programmes to over 20 percent (as per GIRFT recommendations) in the first instance then aspire for 30 percent by year 3 as per the Home Dialysis Service Specification KPIs.

A procurement exercise has been undertaken to provide an appropriate route to market for home therapies equipment and consumables, demonstrating value for money. This has resulted in a move to the NHS Supply Chain Framework and associated savings.

Discussions are ongoing with BCUHB regarding service sustainability issues, relating to baseline activity in a block contract not being reviewed over several years. A proposal to move to a cost and volume contract has been submitted to BCUHB in October 2024 to recognise unavoidable demand growth and to be in line with the other two regions. Meetings are planned for March 2026 to agree on a position for 2025/26 and future years.

The contract for the provision of Satellite Haemodialysis units and associated equipment and consumables for East IHC and West IHC in BCUHB has been extended for 3 years up to 31/05/2029, which is permissible under the current contract terms, aligning all commercial contracts to the same end date. The value of the extension is cost neutral and will provide a more favorable opportunity for bidders when re-tendering and driving value through economies of scale.

The key priorities of Dialysis and Kidney Transplantation also address the commissioning risks within the portfolio, WKN 18 – Kidney dialysis capacity across Wales, and WKN 25 – Service sustainability of the national transplant programme in Wales.

With regards to WKN 25 the JCC have asked Cardiff & Vale UHB for assurance that this will not reoccur and have requested a copy of the business continuity plan and the mitigated actions they have put into place to provide a safe transplant programme in Cardiff. This includes a mutual agreement with other service providers, an escalation protocol and recruitment to additional surgeons (recruitment undertaken, start dates to be agreed). The Assistant Director of Commissioning continues to attend the NRI Meeting (3 meetings held to date).

There have been a few workforce changes, and some planned for the coming months aligning with the network's priorities. The new Lead Nurse for the WKN commenced on the 1st of March 2026. Future interviews include an 8a Deputy Head of Commissioning who will lead in part the digital and data portfolio following the recommendations from the external review. Two other

roles are to fulfill the Organisational Change Policy (OCP) requirements, including a band 6 and band 4 post.

2.6 Women and Children’s Services

Quarterly neonatal assurance meetings remain in place across all providers, offering a platform to review staffing, recruitment, incident reporting, patient experience, and infection control. CVUHB will be part of this meeting process due to the de-escalation of the service to enhanced monitoring in December 2025. The next cycle of assurance meetings will begin in April 2026. As part of the assurance process the NWJCC Quality team are arranging visits to all neonatal providers in Wales with members of the women and children commissioning team invited.

The most recent assurance meeting with WFI was held in person on the 4th March 2026. During the discussion, the newly appointed Person Responsible expressed optimism regarding the unit’s success rates. Although the service is currently underperforming against contractual expectations, they anticipate an increase in activity in Quarter 1, driven by enhanced investment in the secondary care pathway and a subsequent rise in referrals into specialised services. They are working closely with secondary care to monitor the situation.

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 (Canllawiau Statudol Dyletswydd)	Learning, Improvement & Research

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

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