

Agenda Item

2.6

Joint Commissioning Committee

Director of Commissioning for Specialised Services

Dyddiad y Cyfarfod / Date of Meeting	25/11/2025
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 / Report Purpose	For Noting Choose an item.
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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	12/11/2025	Noted

Acronyms	
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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

During the reporting period of September to October 2025, the Heads of Commissioning and Commissioning Managers have identified several key developments and risks across the specialised services portfolio that are of strategic relevance to the NWJCC.

1. SUMMARY OF HIGHLIGHTS AND RISKS FOR SPECIALISED SERVICES

Key developments include the continued progress with the establishment of pathways for Advanced Therapy Medicinal Products (ATMPs) recently approved by the National Institute for Health and Care Excellence (NICE), significant increases in Transcatheter Aortic Valve Implantation (TAVI) activity, and progress with the Cardiac Review Phase 2. Notable service improvements have been achieved in Paediatric Intensive Care, which has been de-escalated to routine monitoring following assurance of performance and data quality.

The commissioning team has supported strategic events such as the Paediatric Cardiology Innovation Day, fostering collaboration between major providers. The pathway to Bristol for Deep Brain Stimulation (DBS) has been re-established and the temporary pathway to UCL remains in place, with a new service specification

under development to inform the designated provider process.

Risks remain across several portfolios. In Cancer and Blood, the outcome is still awaited around JACIE certification for BMT and CAR-T services, and risks are being managed with regard to PET-CT capacity, and plastic surgery outreach in North Wales. Cardiac commissioning faces challenges with obesity surgery delays at Salford Royal and financial pressures in Intestinal Failure services. Neurosciences and rehabilitation services are under strain due to workforce shortages and delayed investment, particularly at SBUHB. Specialist Auditory services have been escalated due to access issues, and mechanical thrombectomy services in South Wales are undergoing review to address inequities in 24/7 access. The Wales Fertility Institute is managing a regulatory risk following the resignation of its HFEA licence holder.

Overall, the commissioning teams continue to monitor performance, support service development, and mitigate risks through structured engagement with providers and stakeholders. Recommendations for future investment and service redesign are being prepared for inclusion in the next Integrated Medium-Term Plan (IMTP).

The final Chair's report for the Welsh Kidney Network under the old governance arrangements is included as a separate agenda item for this meeting but will be included as part of this report for future meetings.

We have welcomed two new staff members since the last Joint Commissioning Committee in our Assistant and Deputy Directors of Commissioning posts. We have also recruited to 3 Heads of Commissioning roles on a secondment basis for 12/18 months with a target start date of 1st December.

There has been one Specialised Services Commissioning Group, and the following areas were covered:

- IMTP Development
- Functional Neurosurgical services
- JACIE Certification – BMT and CAR-T
- Immunology Services – Value-based commissioning review

SSCG members raised a concern around renal recruitment delays at CAVUHB which has been raised with the service. Confirmation has been received that interviews were scheduled for the week this report was written.

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 into 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 is awaited. 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.

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

Phase 2 of the Cardiac Review is being progressed in collaboration with CAVUHB and SBUHB supported by the Regional Specialised Services Provider Planning Partnership (RSSPPP). A revised Cardiac Surgery Service Specification, developed with clinical input from all three commissioned centres, has been approved by the NWJCC Policy Group and is due for imminent publication. Delivery timelines are under active discussion, supported by a Project Initiation Document developed by the Cardiac Commissioning Team.

The initial project board for 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 provide this documentation and a forward schedule of project meetings by the end of November. Timescales for options appraisal have been adjusted to Q1/Q2 of 2026/27 as a result of previous feedback from JC, 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. CAVUHB 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 JCC with a proposal for increased capacity for TAVI procedures, this is scheduled to be followed up with a formal business case in Q3.

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.

The Welsh Institute of Metabolic and Obesity Surgery (WIMOS) at SBUHB have recruited the Dietician post, who has commenced in post, thereby increasing the staffing capacity to enable the service to receive a small number of referrals from North Wales. WIMOS has confirmed that the service is progressing with arranging a clinic for a small number of BCUHB patients.

2.3 Intestinal Failure

JCC are awaiting confirmation from CAVUHB IF team on the start date for migrating existing patients to the new suppliers. A follow up communication has been sent to the team reiterating the potential cost savings that could be realised. There is an opportunity to implement Blueteq to help streamline the approval process and collaborative engagement with commissioned providers is underway.

The portfolio is subject to projected price increases predominantly related to the provision of home care from the private sector. A number of efficiency programmes have been outlined and continue to be monitored through the Intestinal Failure Commissioning Team

2.4 Neurosciences and Long-Term Conditions

The DBS pathway into North Bristol NHS Trust was temporarily suspended under an 'urgent service change' arrangement during Autumn of 2023. An alternate temporary pathway was secured and is currently being delivered through a collaboration between University College London Hospitals NHS Foundation Trust and Cardiff and Vale University Health Board whilst the process to designate a permanent provider is concluded. The temporary pathway provided by University College London Hospitals NHS Foundation Trust in partnership with Cardiff & Vale University Health Board remains open to ensure continuity of care for patients and will continue to accept new referrals alongside the reopened pathway provided North Bristol NHS Trust.

In terms of next steps, the JCC met with clinicians and stakeholders on the development of a service specification for a Functional Neurosurgical Service for Movement Disorders (including DBS) 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 will be sent out for stakeholder consultation shortly and will be utilised in the provider designation process, which is planned to conclude by the end of March 2026.

For mechanical thrombectomy, the South Wales service launched on 1 July 2025. Key risks include low referral rates, lack of 24/7 access, and financial exposure from a block contract with North Bristol Trust to maintain current access times. The commissioning team are closely monitoring activity to manage flow across between Health Boards, the South Wales Thrombectomy Centre and Southmead Hospital from a value for money perspective. A revised business case is in development by Cardiff and Vale University Health Board, 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.

Funding delays for the acute neurosurgery therapies MDT at CVUHB, approved in the 2024–25 ICP, continue to pose a risk. The commissioning team is actively monitoring the situation.

SBUHB's Specialist Neuro-rehabilitation Unit at Neath Port Talbot Hospital faces significant workforce shortages, impacting compliance with BSPRM standards and prolonging patient stays. The risk score has increased from 12 to 16. Future investment will be considered as part of the NWJCC Specialist Rehabilitation Strategy.

The Cochlear Implant and Bone Conduction Hearing Implant service at CVUHB was escalated to Level 3 on 6 October 2025 due to staffing challenges impacting

on delivery capacity. The commissioning team continues to monitor the situation closely.

2.5 Women and Children's Services

Following an escalation meeting held on 15 September 2025, the Paediatric Intensive Care service at the Children's Hospital for Wales was de-escalated from Level 1 to Level 0 under the NWJCC Escalation Framework. Routine monitoring will now be undertaken, including performance management against service specifications, KPIs, patient experience, and outcomes. The commissioning team continues to receive detailed daily dashboard submissions and will monitor progress through quarterly performance management meetings.

The commissioning team will continue to monitor against the objectives that were agreed in August 2024 and receive the regular data submission of the detailed daily dashboard from the health board. The commissioning team will continue to monitor and review the service using the Performance Management meetings for Specialised Paediatric Services that are held quarterly with the health board.

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 commissioning team supported the Nursing and Quality team in NWJCC in September in relation to a Paediatric Cardiology Service Improvement and Innovation event, held at the Children's Hospital for Wales. Paediatric cardiology is a highly specialised area of commissioning and services for Welsh patients are currently delivered by three main providers: Children's Hospital for Wales, Alder Hey Children's Hospital and Bristol Royal Hospital for Children. The event brought together the three providers to share learning, review current provision, and explore opportunities for improvement. The objectives were to share patient stories, review current specifications, identify key challenges and work collaboratively to develop shared solutions.

The Paediatric Radiology service continues to face challenges in operationalising a 24/7 model. Quarterly assurance meetings are in place to monitor progress against the business case.

A new risk has been identified relating to the Wales Fertility Institute. The Person Responsible for the Human Fertilisation and Embryology Authority licence at the Institute has resigned. This role is legally required for the service to operate under the regulations. A medical doctor within the service has agreed to undertake the necessary preparation and assume the Person Responsible role and to avoid a gap in compliance, and the current Person Responsible will remain in post temporarily until the new Person Responsible is approved by the Human Fertilisation and Embryology Authority. Failure to appoint a suitable replacement will result in all licensed activity having to cease and will adversely impact patients. Regular meetings with the Wales Fertility Institute to review and monitor the situation will

continue.

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 (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> 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 <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 <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.

5. NEXT STEPS

Further updates will be provided at future meetings.