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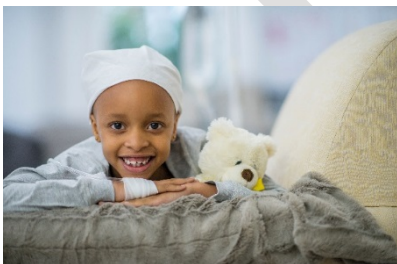
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Welsh Health Specialised  
Services Committee (WHSSC)

# An Integrated Commissioning Plan for Specialised Services for Wales 2020 - 2023



**WHSSC**

*"On behalf of Health Boards,  
to ensure equitable access to  
safe, effective, and sustainable  
specialised services for the  
people of Wales."*



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Tim Gwasanaethau Iechyd  
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Welsh Health Specialised  
Services Team



PARCH  
RESPECT



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GWELLA AC  
ARLOESI  
IMPROVEMENT  
& INNOVATION

# Executive Summary

The continued focus of the Welsh Health Specialised Services Committee's (WHSSC) Integrated Commissioning Plan (ICP) 2020-23 is to commission high quality services in line with the organisation's stated aim *"On behalf of the seven Local Health Boards; to ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales."*

The demand for specialised services continues to increase as advances in medical technology offer treatment where previously none were available. The development of ever more complex and innovative treatment whilst offering benefits to patients is however providing a growing financial challenge which is demonstrated in the financial summary.

A core element of our work in 2020-21 will be to increase our engagement and co-production with patients, to strengthen our services and patient pathways. In doing so, we hope to identify opportunities to release value from those pathways or through the re-commissioning of services. We are developing a number of new work-streams to support this including referral management and medicines management.

The established Prioritisation Process and Risk Management Framework continue to help identify the priorities for WHSSC this year whilst the Quality and Performance Escalation Process is identifying pressures within the system that require integrated clinical and managerial support. We are able to demonstrate a number of services where our escalation processes have had a positive impact for patients and this work will continue to be strengthened in 2020-21. In 2020-21 our quality improvement focus will be around mental health services where we are taking forward a number of service reviews.

We know that key to the success of our work is increased collaboration with Local Health Boards (LHBs), in both their provider and commissioner function and with NHS Trusts in Wales and England to ensure that we maximise opportunities to better aligning Integrated Medium Term Plans (IMTPs) with our ICP.

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## WHSSC Profile

WHSSC is responsible for commissioning a range of specialised services for the population of Wales on behalf of the seven LHBs.

As an organisation it is split into five Directorates: Corporate, Finance, Medical, Nursing and Quality and Planning.

Recognising that to commission effective services we need to organise around the needs of patients, operationally we use a commissioning team structure which cuts across these directorates broadly categorised in the following areas:

- Cancer and Blood
- Cardiac Services
- Mental Health and Vulnerable Groups
- Neurosciences and Long Term Conditions
- Women and Children's Services

This collaborative professional working enables the Welsh Health Specialised Services Team (WHSSST) to work towards ensuring that our patients' outcomes and experiences when accessing all specialised services is of a high standard through:

- Effective planning, commissioning and monitoring of the performance of specialised services. This begins with the WHSS Team establishing clear processes for the designation of specialised services providers and the specification of specialised services and then developing, negotiating, agreeing, maintaining and monitoring contracts with providers of specialised services. Key within this is co-ordination of a common approach to the commissioning of specialised services both within and outside Wales.
- All teams working to ensure there is assurance regarding clinical quality and outcomes through the quality framework for monitoring quality and a rolling programme of service reviews.
- Undertaking associated reviews of specialised services and managing the introduction of drugs and new technologies.
- Managing the LHBs pooled budget for planning and securing specialised services and putting financial risk sharing arrangements in place.

- Work with provider organisations to improve the process of public and patient involvement underpinning our work. We aim to do this through continuous engagement in addition to our more formal consultation processes; supporting generally the five ways of working of the Wellbeing Future Generations Act and specifically through 'Collaboration' and 'Involvement'.

## WHSST Values

The core values of the organisation outlined in Figure 1 below, were developed by the all staff within the organisation and are an indication of how we would like to be measured by each other, by those who work with us, and by those who depend on us to deliver services. They are also the values we would expect to be upheld by those who will join our team in the future and have been integrated in our workforce processes from recruitment through to Personal Development Reviews.

**Figure 1: Organisational Values**

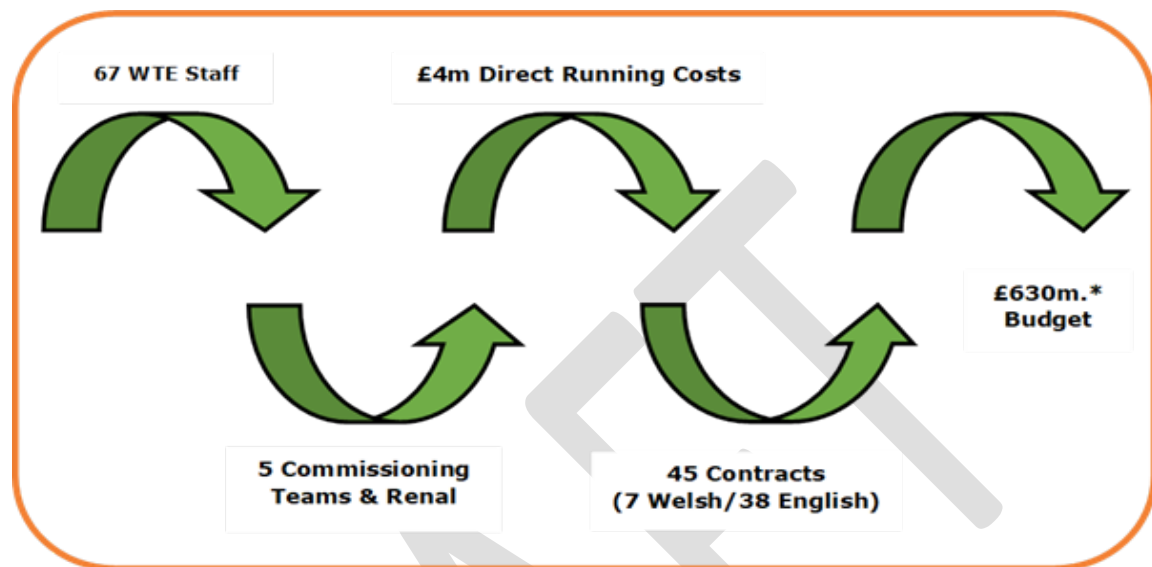


## Workforce

Figure 2 overleaf sets out the key statistics including staffing levels, direct running costs\* and number of contracts for healthcare services.

\*(Excluding EASC and NCCU)

**Figure 2: Key organisation statistics**



The WHSST high level workforce plan for 2020-23 has the key aim of maximising workforce capacity through:

**Table 1: WHSST high level workforce plan 2020-23**

Objective	Action taken, by when
Strengthening of Executive team	All Executives posts are filled substantively, with the newest Director being in post since Jan 2019
Improving recruitment and retention	<ul style="list-style-type: none"> <li>-One Finance Manager post for north Wales is still open following unsuccessful recruitment.</li> <li>-Two vacancies within the Quality Assurance Team due to external promotion are in the process of being advertised.</li> <li>-Vacancy rate is currently 5% (a vast improvement from 30% in 2017).</li> </ul>
Expanding the workforce to lead on specific projects	<ul style="list-style-type: none"> <li>- Developing new posts to increase commissioning effectiveness. Recent appointments include a Referral Manager Post and a PET project manager.</li> <li>- Future developments includes a Medicines Management Post and Blue Teq project manager.</li> </ul>

	<ul style="list-style-type: none"> <li>- Development of a Vulnerable Group work-stream supported by WG funding underway. This includes a planning role and a part time Associate Medical Director</li> </ul>
Developing and implementing organisational development and learning programmes across the organisation	<ul style="list-style-type: none"> <li>-Regular OD sessions are taking place for the Executive team, in part facilitated by the host organisation.</li> <li>-Roll out of an organisation wide OD programme is planned for 2020-21.</li> <li>-A number of staff are receiving assistance to study toward Masters Degrees and/or relevant professional qualifications.</li> <li>-Lunch and learn sessions are being provided by members of the WHSS Team.</li> <li>- Participation in the Embrace on-line Health and Wellbeing public sector pilot.</li> </ul>
<p>Ensure HR policies are appropriately applied to manage sickness and absence and that this is audited</p> <p>Ensure &gt;85% of staff have completed PDRs</p>	<p>We are continuing to work to improve compliance for seconded staff and ensure there is high performance on core skills training for all staff following in-year changes to the programme content and recruitment of new staff.</p>

## Clinical Leadership

The five Associate Medical Directors (AMD) appointed during 2017-18, aligned to the commissioning teams, have continued to raise the profile of the WHSS Team amongst clinical colleagues. There continues to be part time medical and Deputy Medical Directors and a full time Director of Nursing & Quality Assurance in the WHSS Executive team. A sixth AMD joined us for the duration of a project to establish a Welsh gender service during 2019-20. AMD appointment were made for 3 years and we intend to review the effectiveness of the current model in anticipation of the 2020 recruitment round.

An additional Clinical Leader post is being developed to support the new vulnerable groups' portfolio which has a strong focus on mental health and seeks to meet the ministerial priorities of reducing inequalities and improving timely access.

An important development during 2019/20 is a review of the Clinical Gatekeeper role. WHSSC currently has 47 Clinical Gatekeepers covering 107



services and interventions who are key in ensuring patients receive the most appropriate and timely treatment. This work is being taken forward as part of the development of our referral management processes and will culminate in a workshop in January 2020 aimed at helping better define the role and identifying the support and training needs of gatekeepers.

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## Progress in Delivering the ICP 2019-22

The WHSSC Integrated Commissioning Plan 2019-22, which was approved by Joint Committee in January 2019, identified investment for a number of areas.

Additional funding was agreed for the following specialised services priorities in 2019-22:

- Cystic Fibrosis
- Paediatric Critical Care
- Fetal Medicine
- Neonatal Transport

The following new commissioned services

- Major Trauma
- Thrombectomy

The following areas prioritised in the Clinical Impact Advisory Group (CIAG) process which is described further in *the Increasing the value achieved from funding* chapter below.

- Positron Emission Tomography (PET) new indications
- Transcatheter Aortic Valve Implantation (TAVI)
- Programme for replacing obsolete wheelchairs (north Wales)
- Paediatric Endocrinology
- Cleft Lip and Palate Multi-disciplinary team
- Cleft Lip and Palate addressing waiting times
- Paediatric Rheumatology
- Genetic Test Directory
- Bone Anchored Hearing Aids (BAHAs) and Cochlear Replacement and Upgrades Programme
- Neuro-oncology – to address serious concerns raised in Peer Review
- Adult Congenital Heart Disease
- Paediatric Magnetic Resonance Imaging (MRI)
- Neuro-Rehabilitation
- Inherited Bleeding Disorders project trials savings and service model

As funding for these services was released throughout 2019-22, the assessment of their progress, impact and achievement of aims will be reviewed and reported on in 2020 allowing time for recruitment and implementation.

# Development of the 2020-23 ICP

The WHSSC Commissioning Intentions were drafted to inform the development of NHS organisation IMTPs with regard to the commissioning and delivery of specialised services. The intentions underpin WHSSC's aim 'to ensure equitable access to safe, sustainable and effective specialised services for the people of Wales, as close to a patient's home as possible within available resources, on behalf of the seven Health Boards'.

## WHSSC Commissioning Intentions 2020-23

1. Equitable access to safe, sustainable and effective specialist services as close to patients' homes as possible
2. Improving the experience and quality of care for individuals and families
3. Increasing the value achieved from funding of health and care through improvement, innovation, use of best practice and eliminating waste
4. Improving information on services in order to drive service change and improve quality of services
5. Evidencing proactive management of new treatments and services

Rather than referring directly to the need to adhere to the Wellbeing of Future Generations (Wales) Act 2015, the Act's five ways of working, outlined in Figure 3 below, are embedded within the intentions and the work that underpins them.



# Strategic Priorities

A number of strategic priorities are highlighted within the 2020-23 WHSSC ICP. Strategic priorities are service developments which are either currently mandated by organisations such as the National Institute for Health and Care Excellence (NICE) or have already been agreed as service priorities through previous ICPs or through the CIAG process. All require a service change but for a variety of reasons. These include the implementation of the new treatments, such as Advanced Therapeutic Medicinal Products (ATMPs) and Thrombectomy and working through the required step change in investment for services including Cystic Fibrosis and Intestinal Failure Services which are faced with challenging levels of growth. The highlighted priorities are described in more detail in this section and are key items of work for the relevant Commissioning Teams.

## **Advanced Therapeutic Medicinal Products (ATMPs)**

The introduction of new ATMPs or gene therapies represents a major step change in the provision of potentially curative treatments for patients which had no previous alternative treatments. The ability to transform outcomes for patients has enormous potential but comes at a high financial impact.

The therapies approved to date have tended to be for low volume indications and rare diseases. Gene therapies for more common diseases which could have the potential to transform the whole configuration of service provision are not yet available but are anticipated in the future. For now the cost of ATMPs will largely be in addition to the costs of existing services as they often represent an additional line of treatment after failure of standard of care or are entirely new treatments.

WHSSC has been at the forefront of commissioning ATMPs and have recognised the need for a national strategic approach to their introduction. This includes the ability to forecast their material impact in order to enhance policy formulation and financial planning. The WHSSC team have developed a policy impact paper to highlight the issues at health board executive level and with Welsh Government.

Horizon scanning of ATMPs shows that internationally there is a huge product development pipeline of circa 1,000. However, many remain in trial phases and to date only 4 significant ATMPs have made it through regulatory and NICE approval. Research of international forecasts indicates that at least 40

ATMPs may be approved by 2022 hence, there is likely to be an acceleration at some point in the 2021/21 three year ICP cycle.

Funding will be held centrally within the Welsh Government NHS budget to recognise the impact of NICE mandated Advanced Therapeutic Medicinal Products.

## **Critical Care – Long Term Ventilation**

The Minister for Health and Social Services recognising the growing demand for critical care beds for some of the sickest patients in our healthcare system, allocated specific funding to address the flow issues and increase bed capacity within NHS Wales critical care services. WHSSC was requested to commission one of the areas recommended by the Task and Finish Group on Critical Care – the expansion of the Long Term Ventilation (LTV) beds in University Hospital Llandough. This scheme which will provide benefits across all Health Boards in south and parts of mid Wales through the release of bed days in the acute critical care units following the transfer of non-acute patients into dedicated LTV beds, aims to see two additional beds opening within the existing footprint of the Critical Care Unit in early 2020 and increased therapy input to the care of the patients. Further work to the physical infrastructure is required to achieve the long term aim of the Unit becoming a bespoke ten bedded regional unit for Wales.

A visit to the leading UK Long term ventilation unit – Lane Fox, London informed the thinking around the clinical, workforce and commissioning models. Using this information and the requirements to meet the British Society for Rehabilitation Medicine (BSRM) for a level 1a service, which are also described in our Specialised Rehabilitation policies, a service specification will be drafted. It is anticipated that the establishment of a dedicated Long Term Ventilation Unit for south and parts of mid Wales will in addition to providing more appropriate care for their needs will also lead to financial efficiencies with the cost of an LTV bed being less than an acute critical care bed and the standardisation of care for these specialised patients improving their ongoing management through Continuing Health Care (CHC).

## **Cystic Fibrosis**

The Wales Adult Cystic Fibrosis service (CF) provided by C&VUHB for patients across south and parts of mid Wales has been highlighted as a key risk in recent commissioning plans. This is because of the success of treatments for this disease and the increasing number patients surviving in adulthood. The

number of patients now exceeds the size/staffing of its service and this is compounded by the lack of a home prepared IV antibiotic service, available in all other CF Units in the UK.

A two phased approach to the total investment requested was agreed due to the substantial investment required within the original business case and the lack of clarity around the timeline for the submission of a capital business case to Welsh Government for the increased inpatient capacity.

The phase one proposal for increase in multi-disciplinary staff and non-recurrent funding to trial the provision of the Home IV services was approved in July 2018 with the request for the service to undertake further work on the increased ward model and full year costs of the home IV Service. A provision of funding was made for phase 2 in the 2019-22 WHSSC ICP but with the Business Justification Case (BJC) for the capital element required only submitted to Welsh Government in May 2019 following the tender for the project contract, the funding has not been utilised for the revenue implications of the new extended ward. Completion date for the new ward is predicted to be late summer 2020 although this is dependent on Welsh Government approval of the BJC and work starting.

An element of the phase two funding was approved for investment in the remaining MDT posts, home IV service and satellite clinics across south and parts of mid Wales, in order to deliver care as close to patient's home as possible whilst also responding to the increasing demand. This has resulted in the previously allocated resources for CF being insufficient to also cover the staffing requirements for the ward expansion when these come on line in 2020, requiring a change in the phased bed model or additional funding to be made available in the course of this ICP.

In November 2019 Welsh Government agreed funding to enable Welsh patients to have access where clinically appropriate to the Cystic Fibrosis Modulator Therapies, Orkambi and Symkevi as well as continued access to Kalydeco (Ivacaftor). Welsh Government have agreed non recurrent funding for the Adult and Paediatric services provided by Cardiff and Vales UHB to support the implementation of these therapies. WHSS are working with the services to determine the recurrent revenue costs of providing these therapies.

## **Gender Services**

Until recently, all elements of the treatment pathway for this very vulnerable group of patients was only available from a Gender Identity Clinic in London where there is a two year waiting list. An integrated model which includes Local

Gender Teams (LGTs) and the Direct Enhanced Service (DES) has begun to mainstream gender services, enabling provision of care and support as locally as possible within Wales. The first clinic of the Welsh Gender Service was undertaken in September 2019 in Cardiff. Plans to develop satellite clinics will be included in the long term plan for Welsh Gender services. 2020-21 is the final year of the three year period of the funded interim Gender Identity Service for the population of Wales. During the next twelve months an assessment of the long term provision required is being developed which will be presented for consideration of recurrent funding from 2021-22. A need to introduce peer support in 2020-21 for those waiting to access Gender services ahead of the long term service being established has been raised. But the funding requirements for this need to be understood further.

## **Major Trauma**

The commitment to develop a service model for a Major Trauma Network for south and parts of mid Wales was made by the Collaborative Executive Group (CEG) in 2014. WHSSC as the sole commissioning body in Wales with delegated responsibility for commissioning specialised services, a number of which would be delivered as part of a Major Trauma Centre, was requested by the CEG to lead the development of a commissioning framework, model and governance structure. In September 2018 Joint Committee members agreed the scope of the commissioning framework for Major Trauma (MT) as:

- An Operational Delivery Network (ODN) to be established to oversee the delivery of trauma services to the population of South, Mid and West Wales.
- The ODN and Major Trauma Centre at University Hospital Wales, Cardiff will be commissioned by WHSSC.
- EASC will commission WAST and the EMRTS.
- Health Boards will be responsible for local commissioning.
- Existing trauma commissioning arrangements for BCUHB will be retained.

The Major Trauma Programme Network Board, the team for which currently sit within the NHS Wales Health Collaborative prior to hosting transferring to Swansea Bay University Health Board (SBUHB), identified April 2020 as the proposed launch date for the service with an element of the operational development costs pump primed by non-recurrent funding from Welsh Government to help enable this.

At the January 2019 extraordinary meeting of the WHSSC Joint Committee members were asked to consider future funding options as due to the

absence of financial detail for Major Trauma, the 2019-21 ICP did not include any funding to pump prime the service ahead of the go live date. Members agreed to consider all requests on an exceptional basis with each funding request subject to the usual scrutiny by the WHSSC Management Group, prior to consideration by the Joint Committee.

Following a number of scrutiny processes including professional peer review from relevant Consultants across a number of Trauma Centres in England, funding for the identified in year requirements for the Major Trauma centre, the ODN and some of the requested Plastic Surgery requirements has been released and provided recurrently.

Welsh Government will providing funding for the Major Trauma centre, specialised services, pre hospital and network costs for the Major Trauma Network for South Wales, West Wales and South Powys. Health Boards will fund the Trauma Unit elements.

## **Mental Health Services Strategy**

A Commissioning Strategy is being developed for Mental Health services with a focus on the patient pathways and opportunities for repatriation of patients and services from England. Mental Health services are delivered for NHS Wales by HBs across various sites, NHS providers in England and independent providers in both Wales and England leading to disjointed pathways for those accessing the services.

Work on the strategy is in its first phase, with the need to review existing services taking into account current tier 2 (for patients with mild-moderate mental health presentation) and tier 3 (for patients with moderate to severe presentation) service arrangements and the impact on the need for Tier 4 (specialised services) inpatient care. Consideration will also have to be given to a wide range of key drivers, some of which will be specific to a service area and others impacting across the full range of services. Key external drivers include:

- A number of Committee Inquiries and external reviews influencing Welsh Government policy and recommendations
- Changes to the commissioning landscape in England and the establishment of NHS England have meant that the previous opportunities for cross border joint planning have reduced.
- The Transforming Care Strategy for Learning Disabilities, an NHS England national strategy which is coming towards the end of the initial 5 year plan. This proposes a 20% reduction in medium secure beds and a 50%



reduction in low secure beds. This change takes place within an environment of low independent sector provision.

- New Models of Care Pilot Schemes are being rolled out across England with the effect of moving secure MH capacity around the country with a focus on placing patients closer to home and with financial incentives to do so.
- The establishment of MH provider collaboratives in England that will fundamentally change the delivery model for services in the future.

Key internal drivers are:

- Workforce recruitment issues particularly affecting Child and Adolescent Mental Health Services (CAMHS) services
- The Welsh Framework Agreements for accessing non NHS Wales beds being due for review in April 2020. This arrangement is dependent on an adequate supply of beds and provider competition which is currently reducing because of changes to commissioning within NHS England.
- Recent reviews of inpatient CAHMS services which identified the lack of Psychiatric Intensive Care/Assessment beds leading to potentially unnecessary out of area placements.
- A complex commissioning model for Forensic Adolescent Consultation Treatment Service (FACTS) which is leading to service delivery problems for children with very complex social and health care needs.
- A lack of national services for women and patients within Learning Disability in Wales

Key enablers: Underpinning this work is the close working relationship with the National Collaborative Commissioning Unit who are responsible for managing the Mental Health Framework for Secure Accommodation for Wales. A formal SLA established in April 2019 between WHSSC and the NCCU has led to, for the first time, the introduction of routine quality assessment of NHS Wales inpatient providers. Their expertise has also supported the WHSS Team in its quality escalation processes and assessment of new providers.

A second important enabler is funding from WG to establish a Vulnerable Groups Commissioning Team, consisting of a Clinical Lead and Project Manager which will support the existing Mental Health Commissioning Team with elements of this review.

**The following areas have been identified as priority areas of the strategy:**

**Secure Learning Disability:** The need to make recommendations on the development or otherwise of inpatient capacity for secure Learning Disability

beds within Wales. This will take into account the findings of individual patient reviews, requested by the Chief Nursing Officer and being carried out by the Quality Assurance & Improvement Service (QAIS) into the use of inpatient beds. The Review will also need take into account the impact of the NHSE commissioning strategy on private providers located in Wales as well as the current and potential future provision of enhanced community support from other providers including the third sector. It is relevant to note that previous legislative changes mean that currently increasing Welsh capacity for secure learning disability patients may not be possible.

**Tier 4 CAMHS:** To make recommendations on the future in-patient capacity and the potential for widening the scope of services and developing Psychiatric Intensive Care and assessment capacity within NHS Wales. This will be informed by the review of inpatient demand undertaken by a task and finish sub group of the CAMHS Network Board and an examination the potential for developing new workforce models and recruitment and retention strategies.

**Forensic Adolescent Consultation Treatment Service (FACTS):** To make recommendations on the optimal commissioning model for the service and improvements in the patient pathway across traditional health and social care boundaries ensuring seamless care for children.

WHSSC has been provided with funding by WG to employ a Clinical Lead and Project Manager to lead on this work and other services for Vulnerable Groups.

**Women's Services including Peri-natal (Mother and Baby Unit):** In October 2017 the National Assembly's Children, Young People and Education Committee published a report following its inquiry into perinatal mental health care in Wales. It concluded that whilst it recognised that Wales's geography posed challenges for the provision of specialist Mother & Baby Unit (MBU) beds, their absence in Wales was not acceptable and needed to be addressed by the Welsh Government as a matter of urgency. The Cabinet Minister for Health, Health, Well-being and Sport supported this in his response stating that:

"The current evidence base would suggest there is a need for inpatient care in southern Wales, though there would not be sufficient demand to provide a unit in North Wales alone....".

WHSSC was subsequently asked to develop a south and parts of mid Wales MBU which would help to drive forward service development in existing local Health Board (HB) Perinatal Mental Health pathways, leading longer term to a

standardised whole-pathway equitable approach to the delivery of Perinatal Mental health and wellbeing.

After issues in identifying a suitable location for the six bedded unit with capacity to increase to eight beds when sufficient demand required, it is likely that the MBU will be established in 2020/21.

## **Neurosciences Strategy**

The WHSSC five year Neurosciences Strategy which was implemented within the 2018-21 ICP, is moving from the first stage of the strategy of stabilising and developing strong foundations within Neurosciences services to the second stage of service redesign and recommissioning. Re-commissioning is the term used within the WHSSC Integrated Commissioning Plan to describe the approach being taken to ensure that the organisation is making best use of resources by reviewing existing patient care pathways into and across specialised services, to identify the point at which greatest benefit for the patient can be achieved. This will require collaborative working across local, regional and national commissioning elements of the care pathway and in some cases, this will require a redesign of the existing commissioning arrangements for a specific condition, pathway or service

Investment has been made in the key areas of:

- Neurosurgery to increase elective capacity to meet Referral to Treatment (RTT) waiting times, increase the membership of the Neuro-oncology Multidisciplinary team and post-operative MRIs and the use of 5-ALA
- Interventional Neuro-Radiology with the investment in Thrombectomy
- Specialised Rehabilitation in both spinal and neuro rehabilitation and;
- Paediatric Neurology with the commissioning of additional Paediatric MRI capacity and the currently being worked through, repatriation of the Ketogenic Diet service from Bristol.

During 2020-21 we will work closely with the service to understand how the above investment has improved services and outcomes for patients and also on the longer term planning needs which require capital investment in theatre capacity for Neurosurgery to be in line with National standards and have a dedicated emergency Neurosurgery theatre and Specialised Rehabilitation in terms of the relocation of services from Rookwood to University Hospital Llandough.

## **Proton Beam Therapy**

Proton Beam Therapy (PBT) is currently commissioned for adult and paediatric patients from providers both within the UK and overseas. Patients who may benefit from PBT are referred to the National Clinical Reference Panels for assessment against the commissioning policy criteria (these criteria are currently the same in Wales as in England) and, for eligible patients, recommendation of a suitable provider. Since December 2018, PBT has been provided within the UK by the Christie Hospital, Manchester. NHS England will gradually phase out the overseas programme in Germany and America as the Christie service increases its capacity and expertise. A second NHS service is scheduled to open in London in the next few years. Further to a procurement process in 2018, WHSSC also commissions PBT for selected adult patients from the Rutherford Cancer Centre, Newport.

Further indications for the use of PBT are currently being considered by NHS England and are likely to be introduced by them in 2020-21. To ensure equity of access for Welsh patients many of whom are being treated in England, we are looking to make financial provision for increased activity, but also accounted for unit costs decreasing as volumes increase. We have been advised by Velindre NHS Trust (Velindre) that the volumes of paediatric and teenage and young adults patients switching from traditional radiotherapy to PBT is likely to increase by approximately nine referrals per annum, taking total referrals to thirteen.

There are significant strategic implications of this potential policy change on standard (photon based) paediatric radiotherapy services across the UK. If adopted, it will mean that a number of paediatric radiotherapy centres will no longer be viable because of the very small numbers of children requiring treatment. The WHSST has initiated dialogue with colleagues in Welsh Government (WG), Velindre and the Clinical Oncology Services Committee (COSC) to ensure that the NHS in Wales is proactive in agreeing a Welsh strategy to address this issue.

The first portfolio of PBT clinical trials was launched by NHS England in November 2019. These studies will be investigating the effectiveness of PBT compared to conventional radiotherapy across a range of cancer sites including oropharynx, breast, glioma and oesophageal cancer. It is hoped that eligible patients from Wales will be enrolled in these trials once funding arrangements have been formalised with Health Care Research Wales.

## **Single Cancer Pathway**

WHSSC commissions a number of diagnostics and treatments used within Cancer services that health boards and Trusts will be identifying and reporting performance against, within the recently established single cancer pathway. Further investment in extending the indications for using PET is included within this ICP and WHSST are also taking the lead on the capital planning for expanding PET capacity with a dedicated Project Manager due to start in November 2019.

WHSST actively work with providers of a number of cancer site treatments to ensure that they are working and delivering cancer services effectively. These include Thoracic Surgery where we have increased surgical capacity in recent years, Neuro-oncology where in 2019 we addressed the serious concerns raised in a Cancer Network peer review allowing for the expansion of the MDT and post-operative scans and are working with Sarcoma leads and establishing links with England providers to improve the effectiveness and timeliness of MDT decision making.

## **Thrombectomy**

It has been estimated that Mechanical Thrombectomy a treatment undertaken by Interventional Neuro Radiologists is an appropriate treatment for around 10% of (ischaemic) stroke cases which equates to around 500 interventions each year in Wales. As the numbers and model of delivery fall within the definition of a specialised service, it was agreed by the Joint Committee that WHSSC would commission Mechanical Thrombectomies services for NHS Wales from April 2019. Throughout 2019 the WHSS Team has been working to secure access to capacity from services in NHS England whilst provision has also been made to develop the service in C&VUHB from 2020-21 to serve the population of mid and south Wales. The team are working in collaboration with the Welsh Government's Stroke Implement Group (SIG) and LHBs on the pathway required to both access Thrombectomy treatment and repatriate to a patient's local hospital following treatment. Collaborative working is ongoing with Cardiff and English Trusts as the providers of the service, Welsh Ambulance Services Trust as the transport provider and Health Boards to ensure appropriate referral and discharge.

## Strategic Priorities deliverables in 2020/21

- To commission any newly NICE or All Wales Medicines Strategy Group (AWMSG) approved ATMPs
- To develop and implement a service specification for the commissioning of Long Term Ventilation
- To work with C&VUHB on expanding the inpatient facilities in the Wales Adult Cystic Fibrosis centre
- To work with C&VUHB as the provider of the All Wales Gender Services in understanding the requirements for introducing a peer support service for patients in 2020-21 and the longer term requirements of establishing a recurrently funded service from 2021-22.
- To work with the south and mid Wales Major Trauma Network in establishing a Major Trauma Network from April 2020
- To establish the outcomes of the funding invested in Neurosciences services to date and further requirements to allow Neurosciences services in Wales to provide as a minimum, comparable standards to those provided in NHS England.
- To develop the Mental Health Commissioning Strategy and its key priority areas of Secure Mental Health, Tier 4 CAMHS, FACTS and Peri-natal Mother and Baby inpatient services.
- To understand the implications of any new indications for Proton Beam Therapy introduced in NHS England and agree an NHS Wales policy position
- To receive information on performance against the single cancer pathway for WHSSC commissioned services and include in performance reports to Management Group and Joint Committee
- To develop the Interventional Neuro Radiology service in C&VUHB to allow for the local delivery of Thrombectomy to patients in south and parts of mid Wales

# Increasing equitable access to safe, sustainable and effective specialist services

Equity of access to specialised services for the population across Wales is a key priority for WHSSC. It is acknowledged that there is unwarranted variation at present and work is underway to identify inequity and work with Health Boards to put in place measures to reduce it. A major step forward in improving our understanding of this issue has been the development of our management information system MAIR which allows us to produce maps of variance and highlight areas of inequitable access to specialised services.

The need for equity of access underpins almost all of the strategic priorities listed in the previous section: South Wales is the only region in the UK currently without access to a Major Trauma Network and the Wales Adult Cystic Fibrosis service developments seek to bring the delivery of the service in line with that delivered within all CF Units in England.

As a commissioning organisation WHSSC does not have direct access to the provider cost base on which to secure traditional cost improvement savings. However, WHSSC continues to develop a programme of value based commissioning schemes which are designed to act in addition to provider internal cost improvement programmes.

## **Referral Management**

The Referral Manager has recently taken up post with the objectives to reduce inappropriate referrals into NHS England through identifying episodes of care that could be provided closer to home, therefore improving the patient experience and optimising use of local specialised services. Work is already underway focussing on the utilisation of the London contracts as they are accessed by all Health Boards and due to the London weighting carry with them a premium cost.

This will involve working in partnership with NHS England and local services to reduce initial referrals, promote use of alternative consultation methods including telemedicine and encourage use of local specialist nursing to reduce follow up activity.

## Use of Information

The information capability of WHSSC has continued to develop significantly in 2019/20 following the launch of the My Analytics and Information Reports (MAIR) System in 2018/19.

WHSSC has worked closely with Health Board teams to ensure that they now have access to the comprehensive information sets now available. Reports can be tailored by health board or provider, by specialty and point of delivery. Results can also be made available using a variety of visualisation tools including maps, charts, tables and pathways. This has enabled Health Boards to gain a deeper understanding of their demand patterns for specialised services. Health Boards can now identify clearly their patient flows by specialty and provider and compare their own access rates to other health boards thus helping to identify variation in access. Enabling this understanding is enabling both health boards and WHSSC to review patterns of utilisation and inform areas for targeted review which may not previously have been evident.

WHSSC is actively using the system to identify patterns of differential referral to English providers which has highlighted a number of repatriation opportunities. This will enable better and more equitable use of local tertiary services within Wales.

MAIR data is already available for the last four years and will be added to with new financial years. The information is also proving to be valuable in highlighting trends in differential activity growth which is informing the development of improved forecasting and contracting going forward.

Data available within MAIR includes:

- Spend, patient numbers, record numbers, gender, age bucket, etc. across the 4 years of data already amalgamated
- Variation - geographical maps showing the patient numbers across Wales, by LHB District and GP practice, along with local population numbers and GP/cluster list sizes and the associated usage ratios for comparison (see sample below)
- Referrer/Referring organisation codes and names, cross-referenced into the warehouse from data provided by NWIS
- Top 20 drug spends by drug name/grouping
- Patient pathway timeline – this pulls in all the activity in our data warehouse for the selected patient cohort, and displays a visual of all their events.



## **Commissioning Analysis - Health Board Access to and Utilisation of Specialised Services**

Detailed trends of utilisation of specialised services for each Health Board for the four year period from 2015/16 to 2018/19 are included in Appendix 1 to this ICP. Trends are detailed by provider and by specialty.

The trends for each board by provider give a flavour of their own unique pattern of referral into specialised services. The information demonstrates:

- The flows in South Wales are highly consistent with the utilisation of CVUHB and SBUHB dominating as regional and supra-regional providers.
- Velindre is an important provider of regional cancer services.
- University Hospitals Bristol is an important provider of supra-regional specialised children's services notably for heart surgery and stem cell transplant.
- Mersey Care NHS Trust is a highly specialised national service provider of high secure mental health services and features in the top 6 providers for all Welsh Health Boards.
- Referral patterns for Powys reflect a complex flow into the specialised services in the Midlands together with significant flows into CVUHB and SBUHB. In addition Powys has flows to BCUHB for its northern population.
- BCUHB has a very different pattern of referral with the use of its own service dominating along with very close relationships with specialised providers based in the Liverpool and Manchester area.

The trends for health boards by specialty show a high degree of consistency across Wales:

- The top 6 specialties consistently include nephrology (dialysis and transplant), cardiac surgery, cardiology, forensic psychiatry and neurosurgery.
- Plastic surgery including burns also features highly in nearly all boards but there are some interesting exceptions which relate to the different local pathways for hand surgery and dermatology. These are consistent with the findings of WHSSC's plastic surgery review which identified potential opportunities for some health boards.
- Child and Adolescent Psychiatry featured highly in BCUHB as they have a higher utilisation rate of tier 4 CAMHS relative to South Wales. This is an area which is developing as WHSSC is supporting BCUHB in

managing more patients locally within BCUHB and BCUHB are developing improved models of tier 2 and 3 services which are complimenting and changing the balance of delivery.

### Relative Activity/Access Rates by Health Board

Appendix 1 summarises activity access rates for elective and non-elective care by specialty. The data is presented by Health Board in terms of financial value and patient count. The data for patient count is also presented normalised by population size in order to inform the level of variation in access rates.

When comparing access rates for specialised services it is important to note the following when interpreting the information:

- Patient volumes on specialised services are generally much lower than general services and can therefore be volatile in terms of movement between financial years and between health boards. A small movement in patient volume can be material owing to relatively high unit cost.
- It is useful to normalise data by population but it should be noted that planning populations for specialised services are large, sometimes from 1m to 5m and hence results for smaller populations interpreted with caution.
- Specialised services usually sit at the end of patient pathways that are often complex with many points at which alternative interventions are possible and referrals on influenced by available local alternatives. This can explain some large variations between health boards who provide specialised services and those who refer into them. The local availability of specialty secondary care further informs variation.
- Access to highly specialised services which are quaternary and can be at some distance from Wales may be more exposed to a risk of variation given the complexity of the pathway and differences in referral relationships and awareness.
- Finally for some services WHSSC commissions a different pathway scope by agreement with health boards in order to simplify commissioning and contracting arrangements – an example is that WHSSC still contracts for neurology for North Wales and has only recently transferred the contracts for neurology from the CVUHB area. The difference between cancer commissioning responsibilities across Wales is significant.

The results of the comparison using 2017/18 financial values to determine the top 6 specialties highlights the following:

- Powys outlier – access per 100k population appears to show Powys population as low outlier in terms of activity rates. It is unclear why this pattern has been observed and may be variation due to the smaller population size. We are looking to work closely with Public Health colleagues from the HB to investigate this observation.
- Nephrology – this relates to renal dialysis and renal transplantation. Wales tends to have high access rates compared to England, particularly for transplantation where Welsh waiting times are notably shorter and annual demand closely aligned to capacity. There is some variation within Wales with the range from a high of 134 per 100k (SBUHB) to 56 per 100k (BCUHB) in relation to inpatient episodes. There are no significant variations in waiting time to dialysis. End stage renal failure is a chronic disease and closely related to the aging population. Early identification in primary care and management within a secondary care service will influence the numbers referred through for treatment.
- Cardiac Surgery – this includes open heart surgery and TAVI. Cardiac surgery provision more centralised at only 2 centres in Wales. Variation is from a high of 84 per 100k (SBUHB) to 44 per 100k (CVUHB).
- Forensic Psychiatry & Adult Mental Illness – this includes high secure and medium secure where patient volumes are low. All high secure provided in England with Medium secure provided in both North and South Wales with mixed economy of private and NHS provision. Pathway availability of low secure can have a marked impact on variation in utilisation of high and medium secure. There is a recognised higher utilisation expected in urban areas compared to more rural areas. However, in recent years medium secure volumes have been consistently falling overall. Combined variation from a high of 10 per 100k (CVUHB) to 5 per 100k (HDHB and ABUHB).
- Cardiology – this includes angioplasty, complex pacing (including implantable cardiac defibrillators (ICDs)) and electrophysiology. Angioplasty provision is now more dispersed at 4 centres in Wales. ICDs provision more dispersed now at 5 centres in Wales. Variation from high of 199 per 100k (HDHD) to low of 78 per 100k (BCUHB).
- Plastic Surgery – this includes plastic surgery and burns activity. Activity variation driven by pathway differences. There is a high volume impact linked to whether there is local secondary care access to dermatology as some skin cancer volumes can be undertaken by dermatology. There is a further pathway impact of local availability of hand surgery. Finally, local expertise in breast cancer surgery impacts on referral rates to plastic surgery. WHSSC has set out a strategy of tackling plastic surgery access variation by focussing on dermatology,

hand surgery and breast surgery as an opportunity for value improvement. Variation from a high of 616 per 100k (SBUHB – the supra-regional provider for South Wales) to a low of 113 per 100k for CVUHB (due to local availability of hand surgery service and dermatology).

- Neurosurgery – this includes traumatic head injury, cancer, neuro-spinal surgery, spinal implants. There is a pathway impact of local availability of spinal surgery together with referral for head injury monitoring. Variation from a high of 121 per 100k (BCUHB) to 53/56 per 100k (HDHB & SBUHB).

## **Needs Analysis**

Our much improved understanding of activity data has further emphasised the lack of public health expertise within our organisation to support population needs analysis. This has repeatedly been identified by Stakeholders as a key weakness in our organisation. Previous attempts at Consultant recruitment were unsuccessful and obtaining external expertise of sufficient quality has also not been as anticipated. We are therefore taking a number of steps to address this:

- Taking up Public Health Wales on their offer to assist us with supporting population needs assessments
- Developing in house expertise building on the MAIR system
- As part of our engagement process with the Boards of HBs we have highlighted this issue and raised the profile of our work and strengthened relationships with Directors of Public Health (DPHs)
- We are in discussion with the Chief Medical Officer and DPHs to identify alternative opportunities for providing expertise to WHSSC.

## Increasing access deliverables in 2020/21

One of the key deliverables is to identify and address inequity and inappropriate variation in access to specialised services. This work can specifically be undertaken through the referral management post and the use of MAIR by all commissioning teams.

The Referral Management Project Manager will:

- work with welsh providers on repatriating any unnecessary activity from English providers
- identify opportunities for providing follow up activity locally rather than through NHS England providers
- strengthen the Gatekeeping process

It is planned to further develop the capability and use of MAIR and the underpinning Power BI platform by:

- Developing further methods of standardising activity measures by population to make comparison between health boards more meaningful.
- Producing performance management dashboards.
- Developing methods to speed the addition of new time period data by greater standardisation in the way data comes in from multiple providers and utilisation automation tools.
- Developing further visualisation tools including heat mapping.
- Developing action specific plans with health boards to act on findings and opportunities identified.
- Exploring how quality and outcomes data can be incorporated.
- Improving the familiarisation of Health Boards with the variety of WHSSC's contracts by the production of deep dive reports.
- Strengthening Public Health expertise.

# Improving the experience and quality of care

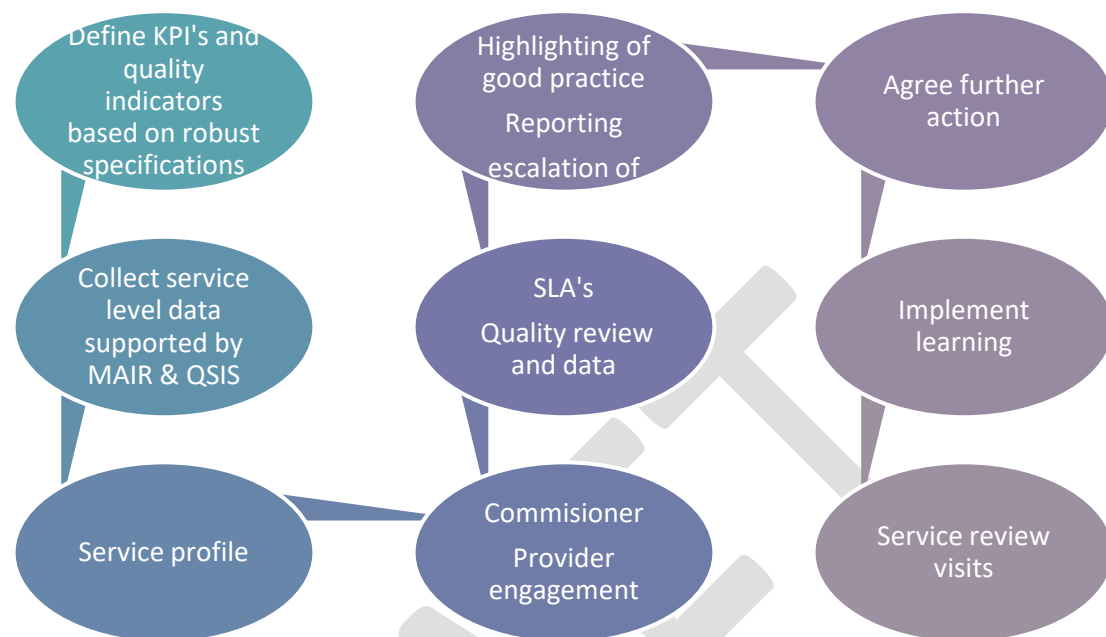
The quality of care that patients and their families receive, and their experience is central to the commissioning of specialised services. Quality is everyone's business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning. This section of the ICP is designed to provide assurance that not only do we commission high quality clinical care but there are robust processes in place to monitor services and escalate to the Joint Committee if required as well as taking effective remedial action for services of concern.

Central to our approach is to develop open and transparent relationships with our providers, engage and involve the clinicians and work in partnership with stakeholders when planning and commissioning services. This year will have seen the recruitment of a team of staff to strengthen the focus on quality monitoring and improvement on all of our commissioned services. The 'Quality Team' will have a pivotal role in the co-ordination of operational quality monitoring and interventions within commissioned services and help build upon the work of the specialised commissioning *Quality Assurance Framework* (QAF) (July 2014).

The QAF was designed to establish the basic infrastructure to support driving assurance and improvement of quality for specialised commissioned services. As such it sets out the systems and processes that needed to be in place, the roles and responsibilities of key staff in delivering these systems and processes and the tools that would be developed to support staff to deliver their responsibilities. Specialised commissioning can now move beyond the basic infrastructure to the next stage of driving quality assurance and improvement in our specialised commissioned services. The work on developing the QAF is underway and being undertaken jointly with Health Boards and the Quality and Patient Safety Committee through a series of development days which commenced in October 2019, with the second planned for February 2020.

The Quality team work closely with the Medical Directorate and Commissioning Teams and have a pivotal role in monitoring the quality of commissioned services through the activities illustrated in Figure 4 overleaf.

**Figure 4: Activities and mechanisms for monitoring the quality of commissioned services**



Key areas of work include:

- **Compliance with legislation and regulation:** The Nurse staffing Act (2016) were applicable to specialist services, Putting things right (2011). Working with providers in management and learning from serious incidents and never events monitoring the timeliness and quality of investigations and responses to complaints and reported near misses. Compliance with key legislation such as the Welsh Government's Health and Social Care Bill (Quality and Engagement 2019), Safeguarding and Public Protection.
- **Quality planning:** via the ICP, contribute to the commissioning cycle including planning, contracting and quality assurance of provider services. Using quality data analysis, through public engagement and patient experience, based on understanding population health, principles of equality and diversity, workforce development and wellbeing.
- **Quality improvement:** e.g. clinical effectiveness via research, audit, implementation of NICE guidelines professional and service specific standards, learning, education & training, research & development, organisation-wide and national sharing of learning.
- **Quality assurance:** e.g. improvements using learning generated by internal and external scrutiny, including those undertaken by HIW, Community Health Council, and other regulatory, speciality, service

specific and professional standards, mortality review, evidence-based policies and protocols QSI CQC.

- **Managing risk** e.g. assessing, understanding and articulating risk via risk registers, infection prevention and control, decontamination, clinical incident reporting and investigation, managing concerns, implementation of patient safety solutions alerts and notices applying learning.

Fundamental principles underpinning the Quality Assurance Framework will be

- Ensuring that the patient is at the centre of the services commissioned by WHSSC. Capturing the patient experience alongside quality indicators is key to inform quality improvements.
- Work in partnership with providers to agree Service specifications.
- Ensuring that the development of quality indicators is clinically-led and reflect the specialist nature of the service delivered.
- Develop and support tools /mechanisms for analysis and reporting of Quality Indicators.
- Ensure quality is seen as everybody's business across the organisation
- Reducing duplication and unwarranted variation.

Quality governance arrangements have also been strengthened over the year to provide clear oversight of actions and responses, either across regions, or via commissioning teams and clinical networks where applicable. Whilst further development is required to strengthen the interface with LHBs the role of the Quality & Patient Safety Committee is core to ensure a comprehensive picture is maintained about service quality for commissioned services and reported accordingly.

Over the past year there has been an emphasis on ensuring that the WHSSC Quality Patient Safety Committee has a level of independent scrutiny of internal processes with exception reporting back to the Joint Committee. In addition a series of development workshops with the Health Board's Quality Patient Safety Committees chairs and quality leads has strengthened the links and agreed reporting mechanisms to optimise assurance and shared learning.

We are also looking forward to working with Health Boards in implementing the newly launched Once for Wales Concerns Management System which is succinctly summarised below. This will bring consistency in reporting and a whole systems approach in supporting the quality cycle.



**Figure 5: Once for Wales Concerns Management System**

## DatixCloudIQ



## Interface with NHS England

A large percentage of the services WHSSC commission are in NHS England a close working relationship has developed to share intelligence and reporting methods. The Quality Surveillance Team (QST), previously the National Peer Review Programme supports the monitoring of quality of all specialised commissioning services in England. We work in partnership with NHS England specialised commissioning hubs where quality teams are responsible for monitoring on an on-going basis in collaboration with service specialists. Information on the quality of services is made available through a single portal known as the Quality Surveillance Information System (QSIS) that can be viewed by ourselves as the commissioner of the service.

## Patient Experience

Patient experience is an important element of the quality cycle with patient and public engagement helping WHSSC to:

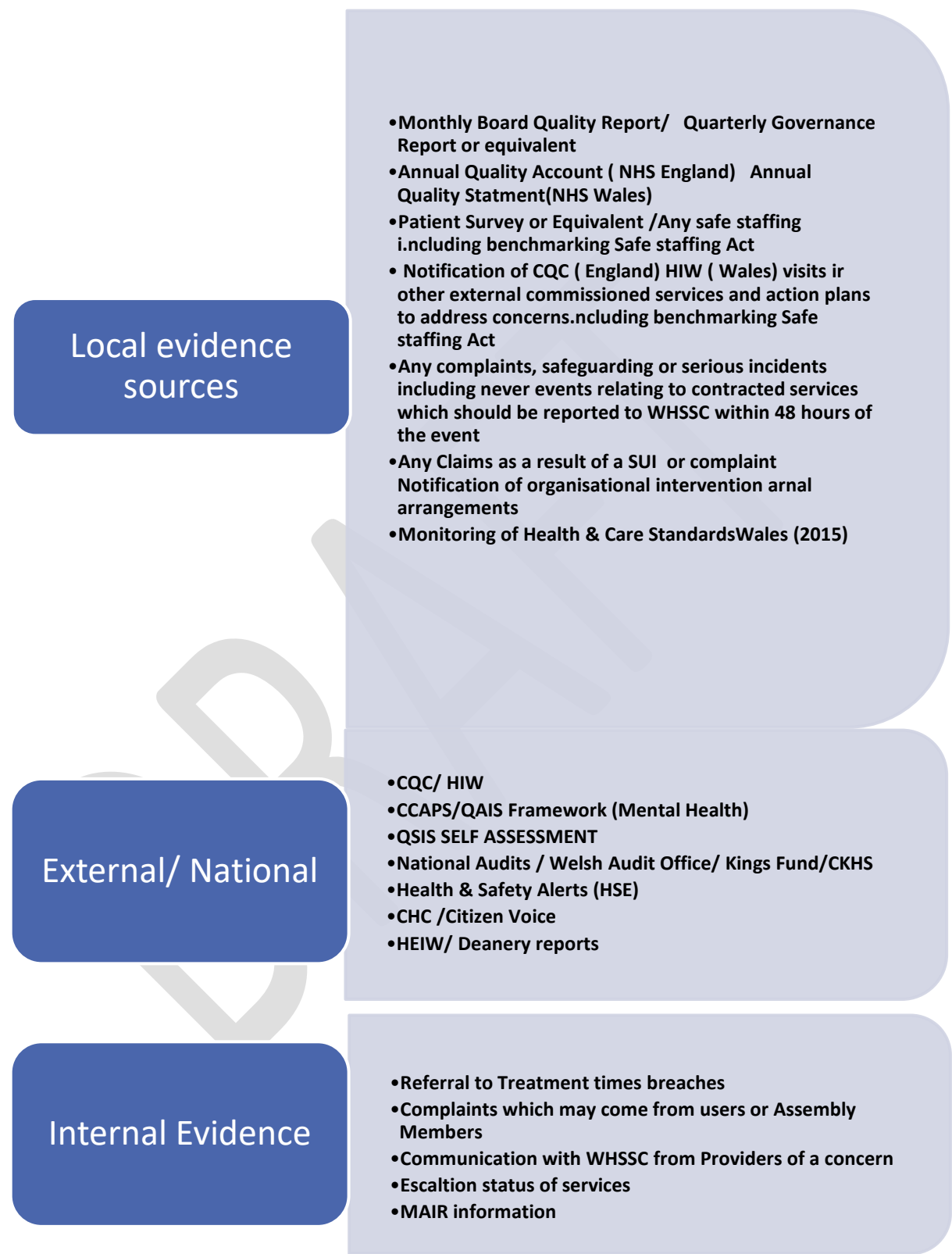
- Understand the patient's expectation of a particular service
- Put things right if the patient experience was not as expected or unplanned
- Understand differences in patient experience between locations and types of treatment
- Make changes where needed and highlight areas where changes have improved care

- Monitor the outcomes and benefits of treatment in terms of a person's physical, mental and social wellbeing
- Inform WHSSC how a service or particular treatment is being provided
- Plan future service provision

Patient stories are taken to the Joint Committee and Quality Patient Safety Committee. An example of patient feedback from one of our providers is that Swansea Bay University health Board reported a rise in the family and friends evaluation from 49,792 in 2016-2017 to 64,405 in 2017-2018 with 95% of respondents say they would recommend the Health Board.

Figure 6 overleaf illustrates the sources of intelligence that the organisation uses to effectively report the quality of both providers and the care that they provide to patients. It builds on quality reporting from the providers, gathers assurance from the regulators and provides a greater emphasis on the reporting back to the Health Boards for the services we commission on their behalf.

**Figure 6: Information sources for reporting quality**



## **Quality and Performance Escalation Framework**

The Quality and Performance Escalation Framework is fully embedded in the WHSS Team's management of services. A number of the services which have been under enhanced performance management arrangements in the form of Commissioning Quality Visits and Escalated Monitoring meetings, have demonstrated significant improvement to allow them to be de-escalated. These include Paediatric Surgery which was placed into Escalation from a Quality perspective and Bariatric Surgery and Neurosurgery from a waiting list performance perspective.

The north Wales Adolescent Mental Health Service (NWAS) and CAMHS in south Wales remain in escalation due to unresolved quality concerns and Cardiac Surgery and Plastic Surgery remain due to increasing waiting list times.

The WHSS Quality Team has highlighted the following deliverables which will enable them to improve the services we commission and to demonstrate some of the changes that they have already made to improve patient outcomes and to ensure that patients receive a positive experience when they access services.

- Review the Quality Assurance Framework to address new challenges and set out further ambitions for quality in specialised services.
- Continue to monitor, identify and address variation in access and/or outcomes and patients experience.
- Continue to undertake peer review visits to test the accuracy of the information submitted and benchmark performance against the quality indicators.
- Continue to work with NHS England to utilise the tools that have been developed such as the Specialised Services Quality Dashboards (SSQD), and Quality Surveillance Information System (QSIS) in order to roll them out across NHS Wales.
- Strengthen and further develop our escalation process and aim for more services to be de-escalated where levels of improvements have been recorded.

# Increasing the Value achieved from funding

Health care decision making requires balancing the demand of new, innovative technologies and services against finite resources. Within the field of specialised services, these innovations often represent treatments of high cost for low treatment numbers. This inevitably leads to commissioners of healthcare having to make difficult choices.

NHS Wales and WHSCC must ensure that investment decisions are:

- affordable and offer value for money
- supported by convincing evidence of safety and effectiveness, and
- made using a process that is consistent and transparent.

To achieve this WHSCC has developed a number of processes designed below, that enables it to compare competing proposals for new investment so that these can be prioritised and subsequently implemented. The methodology used in the prioritisation processes incorporates several elements from other published prioritisation processes, particularly those used by NHS England, the National Specialised Services Committee in Scotland<sup>1</sup> and the system favoured in Canada.

## Horizon Scanning

The use of horizon scanning is now firmly embedded in WHSCC's commissioning practice. It aims to support planning and priority setting and to assist in the prioritisation and allocation of resources by identifying and monitoring new and emerging health technologies that are likely to have a significant impact on the delivery of healthcare. It has enabled WHSCC to provide reliable estimates of future expenditure in order to inform development of the ICP.

Horizon scanning can vary in its extent and complexity dependent upon the time and resource available and requires a systematic examination of all relevant information sources. WHSCC has robust and systematic horizon scanning arrangements in place with AWMSG for appraisal of medicines and [Health Technology Wales \(HTW\)](#) for any non- medicinal health technologies such as medical devices or surgical procedures. WHSCC recently signed a Memorandum of Understanding with HTW in order to formalise the strategic alliance, ensuring closer collaborative working and timely delivery of high quality reviews.



## Prioritisation Panel

Since 2016 WHSSC has held an annual prioritisation process to consider *new* interventions and technologies identified via the previously mentioned horizon scanning. This has allowed us to compare competing proposals for new investment so that these can be prioritised within all other competing priorities and subsequently implemented.

This process adopts the principles of Prudent Healthcare<sup>2</sup> setting out to reduce inappropriate variation using evidence based practices consistently and transparently with the public, patients and professionals as equal partners through co-production.

The dual processes of horizon scanning and prioritisation helps to ensure that the NHS in Wales effectively commissions' clinical and cost effective services, by horizon scanning identifying the new interventions which may be suitable for funding, and prioritisation allowing them to be ranked according to a set of pre-determined criteria, including their clinical and cost effectiveness. The scoring and ranking of new interventions was carried out by the *WHSSC Prioritisation Panel* (Appendix 2). Members were invited to score each

<sup>2</sup> Prudent Healthcare: <https://gov.wales/topics/health/nhswales/about/prudent-healthcare/?lang=en>

intervention against the following criteria in order to develop recommendations on their relative priority:

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

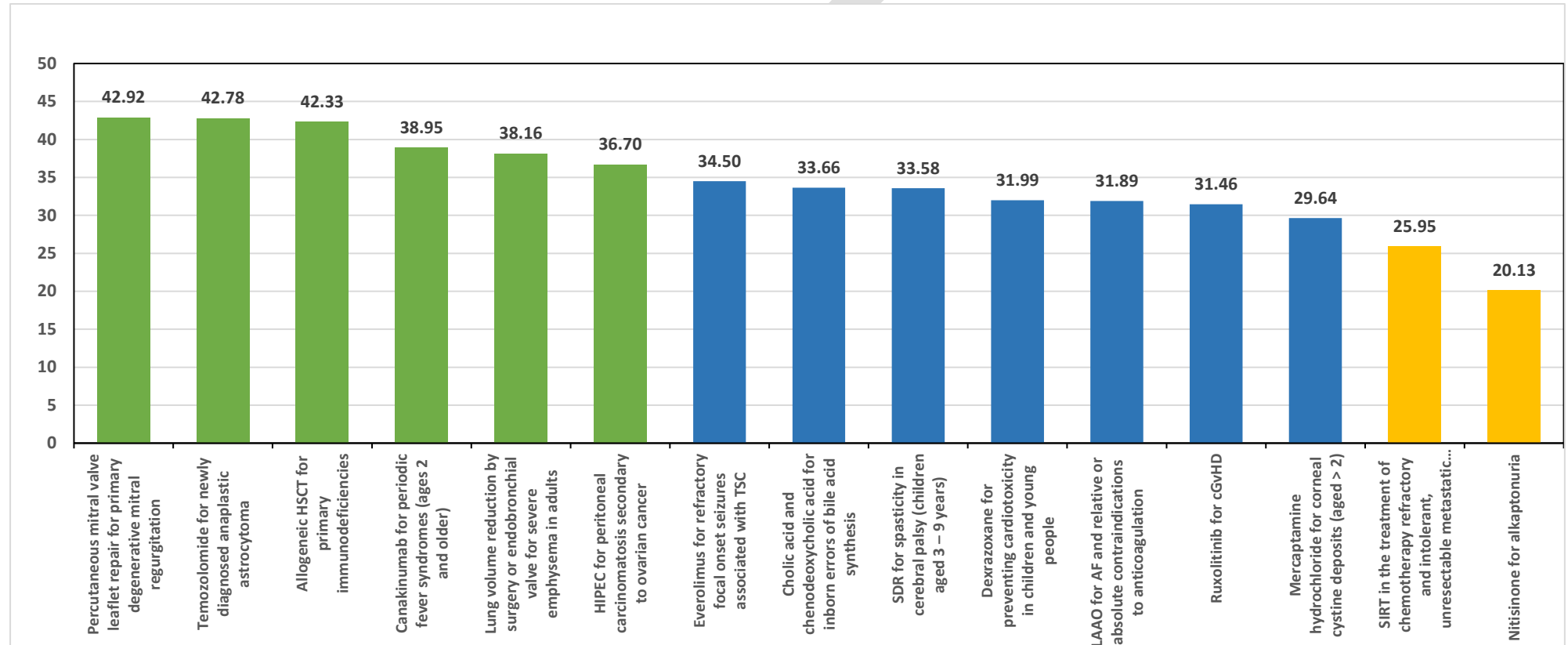
The horizon scanning process for 2019 identified eleven new interventions for consideration and four medium topic priority topics that were sitting on the WHSSC static list for review this year. The scoring of these fifteen topics is shown in figure 7 below.

Interventions were categorised as high (**green**), medium (**blue**) or low (**orange**) priority for inclusion in the 2020-23 ICP. Members recommended that the following six 'high priority' interventions be considered for inclusion in the 2020-23 ICP:

- Percutaneous mitral valve leaflet repair for primary degenerative mitral regurgitation
- Temozolomide for adjuvant treatment for people with newly diagnosed anaplastic astrocytoma without 1p/19q codeletion following surgery and radiotherapy (adults)
- Allogeneic haematopoietic stem cell transplant for primary immunodeficiencies (all ages)
- Canakinumab for periodic fever syndromes: TRAPS, HIDS/MKD and FMF (ages 2 and older)
- Lung volume reduction by surgery or endobronchial valve for severe emphysema in adults
- Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy (HIPEC) for the treatment of peritoneal carcinomatosis (PC) secondary to ovarian cancer.



**Figure 7: WHSSC Prioritisation Panel Score 2019**



## Clinical Impact Advisory Group

The Clinical Impact Advisory Group was established following the recognition that there was a lack of clinical input into the prioritisation for new WHSSC services. The CIAG which attends an annual workshop with members of Management Group consists of one member from each Health Board, usually an Associate Medical Director with responsibility for Public Health or primary care.

The CIAG/Management Group workshop has evolved since it was first introduced in 2016. The notable difference in this year's workshop is the increase in the criteria used for scoring the schemes presented from three to four, which are:

- Patient benefit (clinical impact)
- Burden of disease – nature (severity) of the condition
- Burden of disease – population impact
- Potential for improving/reducing inequalities of access.

### Schemes not scored

A high volume of schemes were submitted for consideration in the CIAG/Management Group workshop. A number of these were felt to be more appropriately addressed outside of the CIAG workshop, the reasons for which are outlined in the below table. These suggested removals from the CIAG processes were shared with members of CIAG and Management Group prior to the workshop, giving the opportunity in advance to consider whether our reasoning was appropriate, which it was considered to be.

**Table 2: Summary of all schemes removed from the CIAG scoring process prior to presentation**

Scheme(s)	Reason for removal from scoring process
<ul style="list-style-type: none"><li>▪ Genetics Tuberous Sclerosis clinic</li><li>▪ Paediatric Cochlear Implantation for north Wales</li><li>▪ Peptide Receptor Radionuclide Therapy (PRRT)</li></ul>	Schemes based on repatriation of patients so should be cost neutral or of minimal costs. To be worked through with the relevant organisations within the next financial year with the case for change presented at a Management Group meeting.
<ul style="list-style-type: none"><li>▪ BAHA and Cochlear scheme for north Wales</li></ul>	This scheme relates to implementation of the mandatory

	NICE guidance TA566 it is suggested that this scheme is not prioritised as will need to be implemented and the case for implementation is scrutinised through the usual Management Group process before any funding is agreed.
<ul style="list-style-type: none"> <li>Immunotherapy for Stage 3 Melanoma for South east Wales and Inherited Cardiac Conditions for patients in South west Wales</li> </ul>	for patients in South west Wales and could be considered at regional forums. We are not aware of how the services are managed in other regions across Wales
<ul style="list-style-type: none"> <li>Renal Replacement Therapy</li> </ul>	address growth only and is not requesting any infrastructure costs within this. It is suggested that whilst we need to have a better understanding of the growth in terms of the rates across the different Health Boards etc. that this could be managed through a paper/presentation to Management Group
<ul style="list-style-type: none"> <li>Gender</li> </ul>	the scheme which is to introduce a peer support service within the newly established all Wales Gender service has been highlighted as a Ministerial priority so is being considered as a Strategic priority as was the case last year for Major Trauma and Thrombectomy.
<ul style="list-style-type: none"> <li>Anakinra</li> </ul>	this treatment for periodic fevers syndrome was considered in last year's prioritisation and CIAG process but wasn't agreed for funding as it was below the line for what was affordable in our plan. There is now another treatment Canakinumab which can be used for the same indications that is licensed whereas Anakinra could only be used off licence. We are currently checking with one of the Consultant Immunologists in the

	Cardiff service that Canakinumab is the treatment that they would use but suggest that the Anakinra scheme is not prioritised on Thursday.
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A further five schemes were removed by the CIAG Group from the process following presentation and discussion of the schemes at the workshop, but prior to voting. Details of the schemes removed and the reasons for why are outlined below:

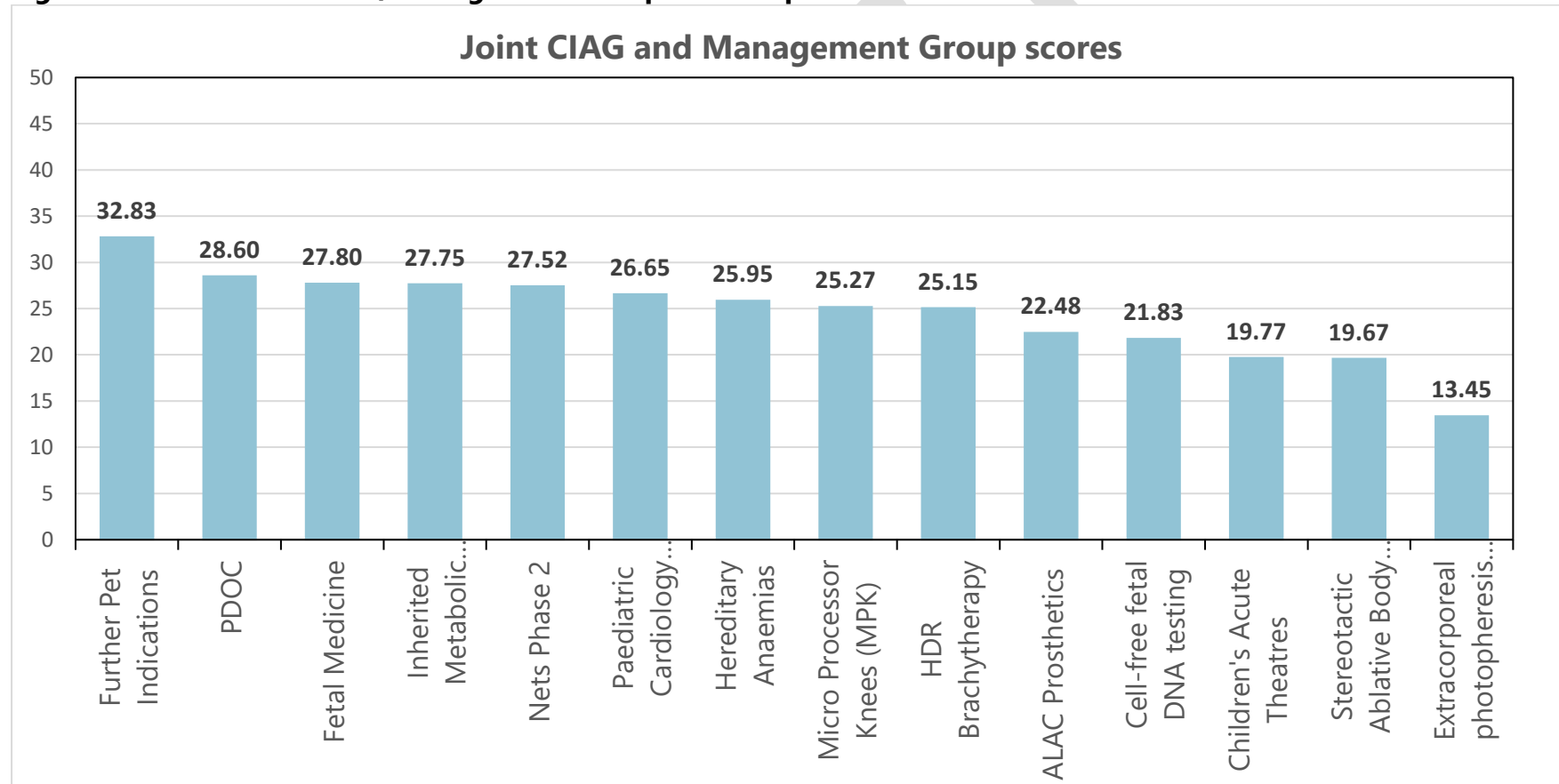
**Table 3: Summary of all schemes removed from the CIAG scoring process following presentation**

<b>Scheme(s)</b>	<b>Reason for removal from scoring process</b>
Expansion in red cell serology testing	Savings result from the introduction of this testing need to be understood in the overall Welsh Blood Service contract
Home Parenteral Nutrition (HPN) service for south and parts of mid Wales	Recognised that there were shortfalls in the Intestinal Failure service for south and parts of Mid Wales that were likely to require financial support in 2020-21 but a better understanding was required on the high level of growth in the service and the clear inequity in take up to commissioned service for patients in north Wales.
Paediatric Gastroenterology	Lack of clarity on the current model commissioned and the priorities of the service. Suggested inclusion in the ICP as a potential in year service risk.
Paediatric Metabolic Disease	Success of current model working with Birmingham needs to be understood as well as clarity on when the retired and returned post-holder will be fully retiring.
Sentinel Node Biopsy	To be confirmed

## Results

The results of the CIAG/Management Group scoring are outlined below:

**Figure 8: Results from CIAG/Management Group workshop October 2019**



Following the ICP being presented in draft form at the October Management Group and November Joint Committee and the request to make it more affordable, the CIAG schemes were prioritised, similarly to the interventions prioritised by the Prioritisation Panel into high, medium and low categories based on the scores.

This categorised the Further PET Indications scheme as the sole high priority and the following six schemes as medium priorities:

Prolonged Disorders of Consciousness  
Fetal Medicine  
Inherited Metabolic Diseases – north Wales  
Neuroendocrine Tumours Phase Two  
Paediatric Cardiology standards  
Hereditary Anaemias

The remaining seven schemes were categorised as low priority and due to the affordability issues, have not been included within the 2020-23 ICP. Risks associated with not funding these schemes will be managed through the Risk Management Framework.

## Value Based Commissioning

The following areas are currently being worked on using the Value Based Commissioning model:

- Referral Management and outpatient (follow up) management– as described previously in the *Improving access to specialised services* chapter.
- Introduction of the Blueteq IT systems for prescribing high cost medicines including the new CAR-T therapies. A Project Manager employed by AWMSG is due to start in March 2020.
- Medicines Management – building on the exemplary work of the Renal Network looking at initiatives that use local specialist pharmacy expertise, we have recently appointed a senior pharmacist to undertake a scoping exercise to identify efficiencies and opportunities for value based commission.
- Inherited Bleeding Disorders – blood products procurement, home delivery and clinical trials income.
- Procurement efficiencies – is a joint programme of work with NHS Wales Shared Services Partnership (NWSSP) and includes wheelchair procurement and transcatheter aortic valves.

WHSSC will work with individual LHBs on a bi-lateral basis to review local pathways into specialised services to identify and deliver opportunities for improving value.

Prospective savings across the WHSSC contracts will be investigated during 2020-21 but are currently insufficiently certain to quantify. As identified, these savings opportunities will be formally presented to Management Group and Joint Committee as part of a regularly monitored Savings Plan.

WHSSC has continued to build a comprehensive set of outcome measurement for a range of specialised services via audit programmes. WHSSC continues to actively promote outcomes monitoring by direct funding contribution to national databases for a range of specialised services to ensure providers are appropriately supported in this important function.

Examples of where WHSSC's audit approach is actively collecting and reviewing outcomes includes:

- Paediatric intensive care

- Specialised cardiac services including cardiac surgery, cardiology and transcatheter aortic valve insertion
- Renal services including home therapies, renal dialysis and renal transplantation (– this is one exemplar of what is possible in terms of outcomes measurement in practice and at large scale)
- Stem cell transplantation

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## Increasing the Value deliverables in 2020/21

- To strengthen the CIAG/Management Group process WHSSC is holding a meeting with participants from this year's workshop in early 2020 to discuss improvements that could be made including the provision of needs assessment data.
- In collaboration with HTW undertaking an audit of commissioning policies to ensure outcomes measurement requirements are appropriately defined.
- Improving the visibility and use of the outcomes information currently available.
- Reviewing the scope of current outcomes audit programmes to consider wider measures of outcomes beyond traditional hard clinical outcomes, including the greater use of patient reported outcomes.
- Reviewing the use of current national databases to ensure they are being used to optimum effect.
- Identifying additional specialised services to focus on developing and using outcomes measurement, paying particular attention to services where WHSSC has identified concerns regarding variation, growth and variability of standards. Examples will include immunology and intestinal failure.
- WHSST will be developing approaches to outcomes measurement specific to the introduction and growth of new advanced therapeutic medical products so that they can be incorporated into all new approvals.
- WHSST will formalise presentation of the WHSSC opportunities for savings in a Savings Plan to be routinely monitored through the Management Group and Joint Committee meetings.

# Service Risks

There are some areas where financial provision has not been made at this point, for example, where service plans are not yet adequately developed or there is too much uncertainty as to whether a specific risk will materialise in year. These potential in year service risks are outlined below.

## **Cardiac Surgery outsourcing**

Long waits in breach of Welsh Government referral to treatment waiting times are being experienced in cardiology and cardiac surgery by the two Welsh providers of the specialised services cardiac pathways. We know that such long waits are both clinically undesirable and cause enormous anxiety to patients with very poor patients, with very poor experience measures (PREMs). It is noted late referrals from Health Board cardiology services to Cardiac Surgery is contributing to the waiting times which needs to be addressed. Both providers of the specialised services – C&VUHB and SBUHB are shadow reporting component waiting times to better understand this and other issues including the appropriate reporting of pathway start dates.

To reduce the long waiting times for patients and mitigate the risks associated with long waits for treatment, a number of options have been explored with colleagues from SBUHB and C&VUHB to discuss options which include outsourcing. Liverpool Heart and Chest Hospital (LHCH) who provide treatment for patients from north Wales have agreed to support a number of patients from south & mid Wales but discussions will need to be held with NHS England in order to utilise this and understand what other capacity may be available to support.

## **Clinical Immunology**

Clinical Immunology is a growth area which, given the underlying genetic nature of the disorders, is cumulative and has an ongoing recurrent investment requirement to deliver the level of service required. However, on the background of this steady growth there have been three additional growth pressures on the service. There has been growth in patient volumes, complexity and intensity of monitoring and associated expenditure over the last three years, for which the drug, blood product costs and procedures have been recurrently met. In addition, within the south and parts of Mid Wales service, we are seeing a growing demand for secondary antibody deficiency (SAD) which has now overtaken the numbers of primary antibody deficiency patients requiring immunoglobulin replacement therapy (IgRT) and thirdly the increase in paediatric and adult bone marrow transplantation for severe immunodeficiencies, with each patient requiring very detailed work-up,

transplant liaison, intense monitoring during the vulnerable post-transplant period before the new immune system is established and long term late effects monitoring.

## **Home Parenteral Nutrition**

It was foreseen that there would be a significant increase in Home Parental Nutrition (HPN) following the tender exercise which resulted in Calea being re-awarded the welsh HPN contract from July 2018. There was a predicted increase in spend of 21% without taking account of the growth in patient numbers which are described in detail in the Intestinal Failure section below.

## **Intestinal Failure Services**

There has been significant growth (30% since 2014) in the number of patients under the care of the intestinal Failure (IF) service based in Cardiff which serves the population of south and parts of mid Wales. This has led to it becoming the third largest IF service in the UK with 127 active home patients, behind the two largest IF centres (Salford and St Mark's Hospital) have designated 'Intestinal Failure Units' comprising 20-22 inpatient beds, approximately 250 HPN patients and operate a twice weekly HPN clinic. If growth continues at a similar rate to currently, the Welsh service will be comparable in size to Salford and St Marks.

Recent significant issues with the national Home Parental Nutrition (HPN) supplier (Calea) has highlighted and illustrated the significant clinical impact for patients without access to this service and its fragility. The risk to patients resulting from this is so high that the NHS declared a national emergency incident "at the highest level".

This has also highlighted the fragility of the service, run by one Consultant with a specialist interest and largely part time MDT members. The service is experiencing many of the issues encountered prior to the service being commissioned by WHSSC – that of delays and deteriorating patient health whilst waiting for specialist treatment in Cardiff. There have been significant delays for new HPN patients in the last 18 months from routine outpatient review, being admitted from home after an outpatient review or ward visit and in the transfer from another hospital as an acute admission for HPN assessment (this increases a patient's length of stay in their local hospital).

Discussion at the recent CIAG/Management Group workshop (described in more detail in the *Increasing Value* chapter) confirmed the need to understand

the reasons for the high levels of demand for the south and parts of mid Wales service as well as the disproportionately low uptake amongst patients in north Wales for accessing the specialist service in Salford, Manchester and HPN before investing in the service, but recognised the high risks needed to be addressed within 2020-21.

## **Paediatric Gastroenterology**

As described in the CIAG section of the *Increasing Value* chapter, the Paediatric Gastroenterology was presented in the CIAG/Management Group workshop but not scored as it felt that further information was required to understand how the current funding of the south and parts of mid Wales service is utilised before any further commitment is made. Notwithstanding this, it is recognised that the current service is failing to meet many national standards including those from NICE and the Royal College of Paediatric and Child Health and Welsh Government RTT waiting times and has a fragile, due to small numbers, Consultant workforce.

# Financial Management

## Progress since 2019-22

The financial plan for the 2019-22 ICP represented a step change in the level of investment in specialised services recognising the importance of structural investment in key service priorities including:

- The introduction of a new class of mandated advanced therapeutic medicinal products or gene therapies together with their associated service implications.
- New services which Local Health Boards wish WHSSC to commission including the south and mid Wales Major Trauma Network and Thrombectomy.
- New Clinical Impact Advisory Group priorities.
- A re-alignment in the payment by results framework used as the basis of contracting with NHS England.

Further risks were highlighted in the 2019-22 ICP which were agreed for later agreement and implementation. These included:

- The full costs of the final agreement with NHS England for payment by results and other structural movements in the pricing framework. These changes were substantially funded by Welsh Government together with an investment by Health Boards equivalent to planned inflationary settlement levels of 2%. The net in year gap was met non-recurrently by a contribution from reserves.
- The costs of advanced recruitment to enable the planned commencement of a Major Trauma Centre (MTC) and Operational Delivery Network (ODN) in April 2020.

## Financial Plan 2020-23

The financial plan for the 2020-23 ICP contains a further material increase from year to year which will incorporate the recurring financial impact of the above re-alignments together with the real terms growth in the plan.

The new real terms changes in the ICP for 2020-21 are anticipated to continue at an accelerated pace:

- WHSSC has successfully engaged with Welsh Government throughout 2019 to ensure that there is alignment between policy and funding arrangements for Advanced Therapeutic Medicinal Products (ATMPs) in

recognition of the exceptional scale of the investment required. Welsh Government has agreed to hold funding centrally for these so the costs have therefore been removed from the plan.

- The pace of launch of new high cost medicines approved via the NICE process is expected to continue to rise as the extensive pipeline of innovative new medicines reaches the market.
- The enhanced genetics service will be fully implemented which will also play an important role in service improvements arising from a better understanding of disease and treatment opportunities.
- The full scale of the cost of the business cases to deliver the new MTC and ODN had previously been incorporated into the plan but as with ATMPs, Welsh Government have agreed to provide funding for the Major Trauma centres.
- Expected continuation of higher than average growth rates in demand for specialised services including new services, demand growth, NICE approvals and additional CIAG priorities.
- Additional potential cost increases from further re-alignment of the English tariff system – notably, pay award full effect, pensions cost, clinical negligence (CNST) cost reform.
- Services are determining the recurrent revenue costs of providing the recurrent costs related to new high cost drugs for Cystic Fibrosis.

### **Risk sharing rebasing utilisation adjustment for 2020-21**

- Rebasing adjustment – In line with the agreed risk sharing framework, the opening income assumption includes a rebasing utilisation adjustment. This updates the utilisation baselines based on a 2015-16 and 2016-17 two year average utilisation to the most recent available 2017-18 and 2018-19 two year average utilisation.
- Approximately 60% of the total £630m WHSSC funding of is distributed on utilisation based risk shares. An element of the volatility in health board contribution may be attributable to the framework moving forward by a clear two years with no common base year.

### **Underlying Position and Standard Growth**

- Opening allocation – the starting point is the agreed allocation in September 2019-20 of £631.9.
- Forecast performance 2019-20 – the forecast performance for the year is an underspend of £3.9m (-0.61%).
- Re-instatement of non-recurring write-back – 2019-20 included a number of exceptional items linked to substantial uncertainty in terms of

performance and the HRG4+ settlement. The material benefit resulting in 2019-20 of £6.7 m (1.07%) is assumed to be non-recurrent.

- Adjustments to non-recurrent performance – the forecast 2019-20 out-turn position has been adjusted to account for non-recurring performance variations including slippage and exceptionality. The net impact is £2.0m (0.32%). Example issues include assumptions in respect of cardiac surgery (£0.6m) at Swansea Bay, Neonatal Care (£0.2m) and Haemophilia (£0.2m). The slippage in the Genetic Test Directory implementation (£0.8m) agreed in the 2019-20 plan has been reinstated.
- Full Year Effect of Prior Year Investments - £4.9m (0.78%) is required to fund the full year impact of agreed investments. Significant schemes are Cardiac Ablation (£0.5m), Adult Congenital Heart Disease (£0.3m) and the IBD project trials (£0.5m).
- New Service Pressures and Growth - £10.8m (1.72%) required for growth including:
  - £3.4m for growth in immunology drugs, Eculizumab drugs and cochlear implants
  - £1.5m for growth in dialysis
  - £1.0m for specialised Cardiology
  - £0.5m for Proton Beam Therapy
- Growth assessment for High Cost Drugs of £1.2m (0.19%) is required for NICE approved drugs which must be provided by NHS Wales with an additional £1.8m (0.29%) for the Velindre Joint Commissioning group.

### **Value Based Healthcare work-streams – saving £2.8m (-0.44%)**

At this point in the ICP process a prudent financial assessment of schemes has identified £2.8m of savings including:

- £0.6m from clinical trials income.
- Mental Health Services – a minimum of £1.0m from the continued success of case management of secure services
- Referral Management - £0.3m as described in the *Increasing Value from Funding* chapter earlier in this document
- £0.4m from further developing medicine management

### **Net underlying deficit, prior commitment, growth and mandated Treatments**

The net financial requirement for the underlying position, including prior commitments and growth totals £18.0m (2.83%)

## CIAG and Prioritisation Group Priorities

The anticipated phased cost of the approved high and medium schemes is £1.2m.

In addition, six new procedures approved by the Prioritisation panel amounting to £1.0m bringing the total cost of schemes to £2.2m (0.34%).

## Strategic Priorities

Strategic priorities amount to £0.4 m (0.06%) relate to the Cystic Fibrosis New Ward infrastructure.

Investment in Thrombectomy Services across Wales amounts to £0.9m (0.15%)

## NHS England Providers

£3.4m (0.54%) to cover additional costs from English Providers.

## NHS Wales Financial Framework

The agreed direct financial uplift for all Welsh provider services is 2%. The net cost is £8.3m (1.31%). In line with the agreed framework the 2% has been provided for in full for all Welsh providers including Local Health Boards and Trusts.

**Table 4: WHSSC 2020-21 ICP Financial Summary by Commissioner**

	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2020/21 WHSSC Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
<b>19 / 20 Income as Mth 6</b>	<b>116.254</b>	<b>139.070</b>	<b>107.363</b>	<b>90.270</b>	<b>72.231</b>	<b>25.497</b>	<b>79.782</b>	<b>630.467</b>
Anticipated 2020/21 Allocation Funding	0.269	0.319	0.227	0.203	0.176	0.060	0.178	1.432
<b>2020/21 Opening Baseline income</b>	<b>116.523</b>	<b>139.389</b>	<b>107.590</b>	<b>90.473</b>	<b>72.407</b>	<b>25.557</b>	<b>79.960</b>	<b>631.899</b>
2 year average riskshare (2017/18 & 2018/19)	0.712	(0.655)	(0.259)	0.401	(0.720)	1.553	(1.032)	-
<b>2020/21 Utilisation adjusted baseline</b>	<b>117.235</b>	<b>138.734</b>	<b>107.331</b>	<b>90.874</b>	<b>71.687</b>	<b>27.110</b>	<b>78.928</b>	<b>631.899</b>
<b>Underlying Deficit (inc adj Baseline)</b>	<b>2.471</b>	<b>(0.588)</b>	<b>1.041</b>	<b>1.292</b>	<b>(0.575)</b>	<b>1.574</b>	<b>(0.319)</b>	<b>4.896</b>
<b>Underlying Deficit &amp; Growth</b>	<b>5.438</b>	<b>1.411</b>	<b>3.713</b>	<b>3.462</b>	<b>0.835</b>	<b>1.981</b>	<b>1.061</b>	<b>17.901</b>
<b>CIAG &amp; Prioritisation Schemes</b>	<b>0.418</b>	<b>0.348</b>	<b>0.383</b>	<b>0.346</b>	<b>0.289</b>	<b>0.079</b>	<b>0.316</b>	<b>2.179</b>
Strategic Specialist Priorities	0.283	0.138	0.263	0.214	0.172	0.062	0.196	1.328
NHS England Provider 2%	0.318	2.070	0.237	0.201	0.186	0.191	0.204	3.406
NHS Wales 2% provider inflation	1.711	1.026	1.623	1.371	1.090	0.255	1.190	8.266
<b>Total WHSSC increase 2020/21</b>	<b>8.168</b>	<b>4.992</b>	<b>6.219</b>	<b>5.594</b>	<b>2.572</b>	<b>2.569</b>	<b>2.967</b>	<b>33.080</b>
<b>TOTAL WHSSC 2020/21</b>	<b>124.690</b>	<b>144.381</b>	<b>113.808</b>	<b>96.067</b>	<b>74.979</b>	<b>28.126</b>	<b>82.927</b>	<b>664.979</b>
<b>% Total Uplift Required</b>	<b>7.01%</b>	<b>3.58%</b>	<b>5.78%</b>	<b>6.18%</b>	<b>3.55%</b>	<b>10.05%</b>	<b>3.71%</b>	<b>5.24%</b>



## Financial risks currently outside of the funded Plan

At the time of writing, the NHS England payment by results framework uplift has yet to be finalised. There is residual uncertainty regarding:

- Clinical Negligence – there may be a further material increase in Clinical Negligence costs associated with the revised discount rates used to assess claims.
- Pensions – for 2019/20 the 6.3% (14.38% to 20.68%) increase in pension costs was dealt with directly by NHS England on a provider basis meaning no impact was translated via the payment by results tariff. NHS England are looking at alternative options for dealing with this for 2020/21 and if the tariff option is chosen there would be a net impact for NHS Wales via tariff uplifts. Estimated risk range between +2.7% and 4.3% on a cost base of c£100m. It is understood that funding of such a change would be something for Welsh Government to consider via the allocations process and is not an inter-country funding issue.

## NHS England Tariff

The financial plan includes the impact of the final agreement reached between NHS Wales and NHS England which included:

- HRG4+ - the transition to fully incorporate the £5.975m impact of 2017/18 HRG4+ implementation which included a structural re-alignment of prices with the effect of increasing the cost of some specialised services materially.
- 2019-20 tariff changes – the implementation of the further changes to the tariff set out below:

**Table 5: Changes to tariff in 2019-20**

<b>19-20 Tariff Uplift</b>	<b>Total adjustment</b>
PSF adjustment	2.81%
Allocated CNST	-1.07%
Cost uplift factor	3.83%
Centralised procurement	-0.36%
Efficiency factor	-1.10%
<b>Sum of adjustments:</b>	<b>4.11%</b>

The 3.83% cost uplift factor includes the pay award which had been previously dealt with on a direct provider basis. The impact of this tariff

uplift across the Specialised England LTAs is £2.065m with a further £3.478m required to fund the non-tariff cost uplift. This also covered the uplifts required in non-contract activity, mental health, renal and IVF contracts.

This total NHS England 19-20 uplift of £5.543m has been funded by 2% contribution from commissioners as a baseline uplift of £2.718m (partially offset with £1.493m of non-recurrent reserves) with the residual £2.825m funded by Welsh Government through a recurrent allocation.

In addition the plan at this stage includes a 2% uplift for the 2020/21 tariff inflation agreement. As indicated in the earlier section the final agreement is not yet known but is likely to include the following components:

- Core inflation – ranging from 2.6% to 3.1%
- Less an efficiency requirement – circa 1.1%
- Net inflator – ranging from 1.5% to 2%

Following concerns in previous financial years regarding the lack of consultation with NHS Wales, a new forum has been established between NHS England and NHS Wales in order that there is early warning and discussion of potential changes to the tariff system that could impact NHS Wales. Through this process there are no indications of further material changes that would create an adverse risk at this point.

### **Comparative position to NHS England**

The uplift required by the WHSSC ICP should be considered against an appropriate comparator as it is recognised that specialised services historically experience higher growth pressure.

The latest comparator for NHS England specialised services confirms that allocations grew by over 7.5% to the start of 2019/20. Forecast levels from published allocations indicated 8.14% for 2019/20 and 6.79% for 2021/21. NHS England has published a 5 year draft budget for CCGs Specialist allocation which sets out a cumulative growth of 37% over the next 5 years:

**Table 6: NHS England's Specialist Services Allocation 2019-2024**

	2019/20	2020/21	2021/22	2022/23	2023/24
<b>Indicative Allocation Growth</b>	<b>8.14%</b>	<b>6.79%</b>	<b>6.95%</b>	<b>7.44%</b>	<b>7.68%</b>

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# Governance

## **WHSSC Joint Committee Structure**

The WHSSC Joint Committee is established as a statutory Sub-Committee of each of the seven health boards. It is led by an Independent Chair, appointed by the Minister for Health and Social Services. Its membership is made up of the Chair, three Independent Members, one of whom is the Vice Chair, the Chief Executives of the seven health boards, Associate Members and a number of Officers.

Whilst the Joint Committee acts on behalf of the seven health boards in undertaking its functions, the responsibility of individual health boards for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised services.

The Joint Committee is accountable for internal control. The Managing Director of Specialised and Tertiary Services Commissioning has the responsibility for maintaining a sound system of internal control that supports achievement of the Joint Committee's policies, aims and objectives and to report on the adequacy of these arrangements to the Chair of the Joint Committee and the Chief Executive of CTMUHB as WHSSC's host organisation. Under the terms of the establishment arrangements, CTMUHB as the host organisation, is deemed to be held harmless and have no additional financial liabilities beyond its own population.

The Joint Committee is supported by the Committee Secretary, who acts as the guardian of good governance within the Joint Committee.

### **Sub Committees**

The Joint Committee has also established five joint sub-committees in the discharge of functions:

- All Wales (WHSSC) Individual Patient Funding Request Panel
- Integrated Governance Committee
- Management Group
- Quality and Patient Safety Committee
- Welsh Renal Clinical Network.

The Quality and Patient Safety Committee is chaired by an independent member, the Integrated Governance Committee is chaired by the Chair of the

Joint Committee, and the Welsh Renal Clinical Network is chaired by the former Lead Clinician for the Network, who is also an Affiliate Member of the Joint Committee.

Formal meetings of the Joint Committee are held in public and are normally held bi-monthly. The agenda and papers are available on the WHSSC website: [www.whssc.wales.nhs.uk](http://www.whssc.wales.nhs.uk).

The **Integrated Governance Committee** provides assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across WHSSC activities.

The **Management Group** is responsible for the operationalisation of the Specialised Services Strategy through the Integrated Commissioning Plan and provides a scrutiny function on behalf of the Joint Committee. The group underpins the commissioning of specialised services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

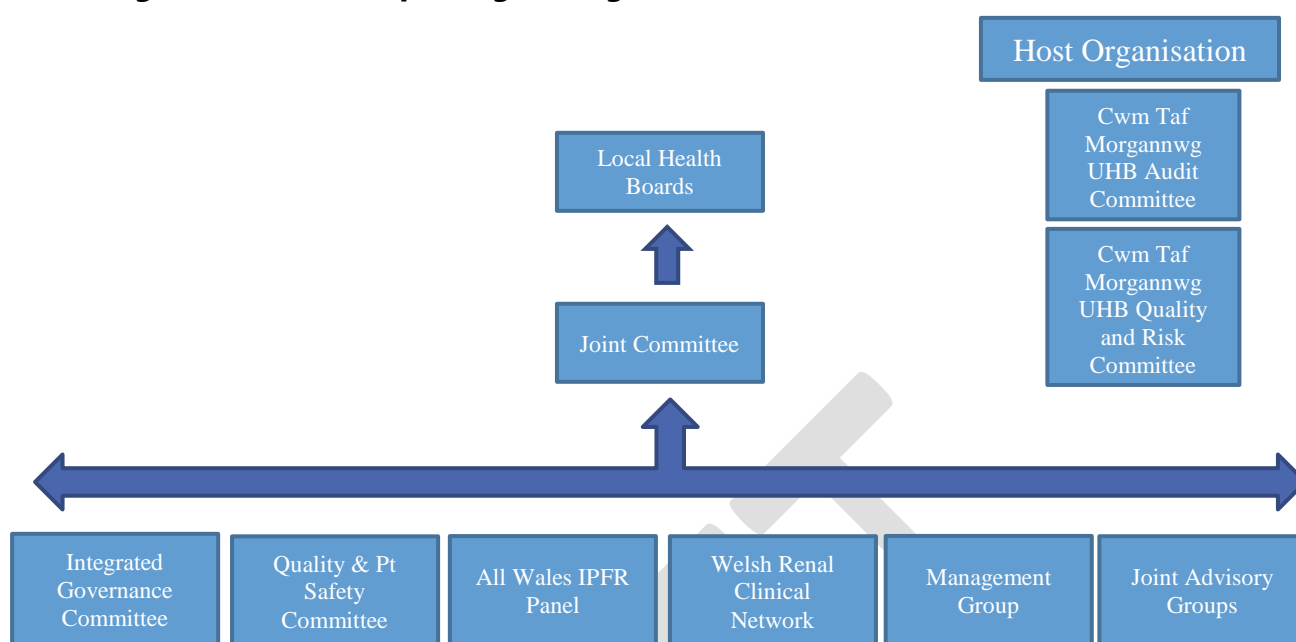
The **Quality and Patient Safety Committee** provides assurance to the Joint Committee in relation to the arrangements for safeguarding and improving the quality and safety of specialised healthcare services within the remit of the Joint Committee.

The **Welsh Clinical Renal Network** is a vehicle through which specialised renal services are planned and developed on an all Wales basis in an efficient, economical and integrated manner and provides a single decision-making framework with clear remit, responsibility and accountability.

The **Audit Committee** of CTMUHB, as the host organisation for WHSSC, advises and assures the Joint Committee on whether effective arrangements are in place – through the design and operation of the Joint Committee’s assurance framework – to support the Joint Committee in its decision taking and in discharging its accountabilities for securing the achievement of its delegated functions. The WHSSC Committee Secretary and Director of Finance routinely attend for the WHSSC components of the CTMUHB Audit Committee.

The reporting arrangements for committees, boards and networks are illustrated in figure 9 below.

**Figure 9 WHSSC Reporting Arrangements**



### **Governance and Accountability Framework**

The Joint Committee is due to adopt new specimen Standing Orders (issued by Welsh Government) and tailored Standing Orders in the third quarter of 2019-20.

The Joint Committee Standing Orders (Joint Committee SOs) form a schedule to each health board's own Standing Orders, and have effect as if incorporated within them. Together with the adoption of a scheme of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of WHSSC.

These documents, together with a Memorandum of Agreement setting out the governance arrangements for the seven health boards and a hosting agreement between the Joint Committee and CTMUHB (as the host health board for WHSSC), form the basis upon which the Joint Committee's governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

## **Access to advice**

In addition to the advice available from our increased Medical Directorate, WHSSC accesses clinical advice for both strategic and operational purposes from a number of sources including:

- Patient representatives, organisations and third sector bodies representing the public and patients;
- Individual expert clinicians;
- Together for Health National Implementation Groups;
- National Specialist Advisory Group and Welsh Professional Advisory Committees;
- Professional bodies (e.g. Royal Colleges, standing groups, etc.);
- Clinical leads/advisors for other planning structures (e.g. networks and WHSSC commissioning teams);
- health board clinical directors; and
- All Wales Medicines Strategy Group/Welsh Medicines Partnership.

Links are also maintained with relevant bodies in England and Scotland.

## **Risk Management**

Risk Management is embedded in the activities of WHSSC through a number of processes.

The Corporate Risk and Assurance Framework (CRAF) forms part of the WHSSC approach to the identification and management of risk. The framework is subject to continuous review by the relevant Executive leads, the Corporate Directors Group Board, the Joint Committee and the joint sub-committees.

The CRAF is informed by risks identified by the Commissioning Teams, Networks and Directorates. Each risk is allocated to an appropriate sub-committee for assurance and monitoring purposes, for example the Audit Committee or the Quality and Patient Safety Committee. The CRAF is received by the sub-committees as a standing agenda item. The Joint Committee receives the CRAF twice yearly.

A Risk Management Framework (RMF) has been embedded within the development of the ICP and is complimentary to, and utilises the same risk assessment methodology as, the CRAF. The RMF features risk assessments for services that have been identified as requiring funding to mitigate risks. These include the schemes prioritised as low following the CIAG process and subsequently not supported in this ICP.

Both the RMF and CRAF are available on request. As dynamic documents they have not been included as an annex to this Plan.

WHSSC has the following risk appetite statement that we intend to review in 2020-21:

### **Risk Appetite Statement**

WHSSC is working towards an “open” risk appetite.

WHSSC has a **low** appetite for risk in support of obtaining assurance of commissioned service quality and is aiming to embed quality into every aspect of “business as usual”.

WHSSC has **no** appetite for fraud/financial risk and has zero tolerance for regulatory breaches. WHSSC will take considered risks where the long term benefits outweigh any short term losses.

WHSSC has an appetite for performance managing services.

WHSSC has **no** appetite for any risk that prevents WHSSC demonstrating the highest standards of governance, accountability and transparency in accordance with the Citizen Centred Governance Principles.



## Summary of Deliverables in 2020-23

This section provides a summary of the deliverables that we have outlined at the end of sections within the body of the ICP. When grouped together it is evident that whilst we have separated our deliverables into priority areas, there are interdependent actions. For example, the need for better establishment of outcomes featuring in the Strategic Priorities, Improving Experience and Quality of Care and Increasing the Value of Funding sections.

ICP Deliverables	Timelines
Strategic Priorities	
To commission any newly NICE or AWMSG approved ATMPs	Within three months of approval
To develop and implement a service specification for the commissioning of Long Term Ventilation	By March 2020
To work with C&VUHB on expanding the inpatient facilities in the Wales Adult Cystic Fibrosis centre	By March 2021
To understand the peer support requirements within the All Wales Gender service and the longer term requirements of establishing a recurrently funded service from 2021-22.	By March 2020
To work with the south and mid Wales Major Trauma Network in establishing a Major Trauma Network from April 2020	Winter 2020
To establish the outcomes of the funding invested in Neurosciences services to date and further requirements to allow Neurosciences services in Wales to provide as a minimum, comparable standards to those provided in NHS England.	By July 2020
To work with SBUHB in introducing a specialist mother & baby inpatient service for south & mid Wales	Awaiting outcome of capital discussions between WG and HBs (outside remit of WHSSC)

To understand the implications of any new indications for Proton Beam Therapy introduced in NHS England and agree an NHS Wales policy position	Awaiting final guidance from NHS England and then implementation will need to be agreed
To receive information on performance against the single cancer pathway for WHSSC commissioned services and include in performance reports to Management Group and Joint Committee	From January 2020
To develop the Interventional Neuro Radiology service in C&VUHB to allow for the local delivery of Thrombectomy to patients in south and parts of mid Wales	By March 2020
<b>Increasing Access</b>	
The Referral Management Project Manager will work with welsh providers on repatriating any unnecessary activity from English providers, to identify opportunities for providing follow up activity locally rather than through NHS England providers and strengthen the Gatekeeping process.	Ongoing from August 2019  Clinical Gatekeeper Engagement event 9 <sup>th</sup> January 2020
To further develop the capability and use of MAIR and the underpinning Power BI platform.	Ongoing
To strengthen Public Health expertise	Ongoing discussions with Public Health Wales. Intial meeting took place Dec 2019 with further discussions on specific work arranged for January 2020.
<b>Improving the Experience and Quality of Care</b>	
To review the Quality Assurance Framework to address new challenges and set out further ambitions for quality in specialised services	By September 2020
To continue to monitor, identify and address variation in access and/or outcomes and patients experience.	Ongoing

To continue to undertake peer review visits to test the accuracy of the information submitted and benchmark performance against the quality indicators.	Ongoing, outcomes presented at quarterly Quality and Patient Safety meetings
To strengthen and further develop our escalation process.	By July 2020
<b>Increasing the Value of Funding</b>	
To strengthen the CIAG/Management Group process WHSSC is holding a meeting with participants from this year's workshop in early 2020 to discuss improvements that could be made including the provision of needs assessment data.	Meeting planned March 2020
Commence undertaking an audit of commissioning policies to ensure outcomes measurement requirements are appropriately defined, working collaboratively with Health Technology Wales on the methodology utilised for this.	By December 2020
To review the scope of current audit programmes to consider wider measures of outcomes beyond traditional hard clinical outcomes, including the greater use of patient reported outcomes.	By April 2020
To improve the visibility and use of the outcomes information currently available.	Crude mortality data will be made available in the WHSSC Power BI reports by March 2020.
To review the use of current national databases to ensure they are being used to optimum effect.	By April 2020
To identify additional specialised services to focus on developing and using outcomes measurement, paying particular attention to services where WHSSC has identified concerns regarding variation, growth and variability of standards. Examples will include immunology and intestinal failure.	From April 2020
To develop approaches to outcomes measurement specific to the introduction and growth of new advanced therapeutic medical products to incorporate into all new approvals.	Outcome measurements data is currently being collected across

	NHS England. Awaiting AWMSG appointment of Project Manager in early 2020 to drive implementation of Blueteq system which will collect this data.
The robust process for any additional funding released by WHSSC already in place with the WHSST and Management Group scrutinising business cases from providers in order to gain assurance on appropriate utilisation and monitoring of funding provision will continue for any investments in 2020-23.	From April 2020 for areas of investment highlighted as required within the 2020-23 ICP.