



## Freedom of Information Request: Our Reference CTMUHB\_250\_26

### You asked:

Under the Freedom of Information Act 2000, we kindly request the following information relating to service configuration, governance and strategic priorities within your organisation.

This request relates to organisational structures and planning only and does not seek patient-level data, commercially sensitive information, or confidential clinical detail.

### Section 1: System Structure & Governance

#### 1. Have there been any changes to your commissioning or service delivery structures in the past 24 months (including mergers, hosted services, or collaborative arrangements)?

Yes, the organisational structure for commissioning has changed. As of 1 April 2024, the Welsh Health Specialised Services Committee (WHSSC) Emergency Ambulance Services Committee (EASC) and the National Collaborative Commissioning Unit (NCCU) were merged into the NHS Wales Joint Commissioning Committee (NWJCC).

No structural changes have been implemented to the service delivery structures through NWJCC's Commissioning Team portfolio during the past 24 months.

#### 2. Are any services related to respiratory, transplant, or rare diseases commissioned or managed collaboratively (e.g. regional networks, hosted models, or lead-commissioner arrangements)?

The NHS Wales Joint Commissioning Committee is a Joint Committee of the seven Health Boards. It consists of an independent Chair, five Lay Members, the seven Chief Executives of the Health Boards and the Chief Commissioner is an Associate Member. It takes lead commissioning responsibility on behalf of the seven Health Boards includes the commissioning of specialised respiratory, transplant and rare disease services. For example, Specialised Cystic Fibrosis (both Paediatric and Adult) and Heart Transplantation are both commissioned by the NWJCC.

#### 3. Are there any planned organisational or governance changes affecting these service areas over the next 12–24 months?

There are no planned organisational or governance changes affecting these services at this time, however, NWJCC will be developing a strategy for the organisation, which will take into account the vision of the new incoming Chief Commissioner of the NWJCC, the new programme for government following the Senedd elections, and the developing National Clinical Services Plan being developed centrally by Welsh Government. This will

help to shape the future commissioning direction, scope and responsibility of the NWJCC.

The NWJCC's annual plan also includes a deliverable to review the commissioning scope of the organisation.

Within the 2026/27 workplan, there is a service review ongoing within Cystic Fibrosis (phase 2) which once completed may recommend changes. Any recommendations would form future commissioning arrangements.

## **Section 2: Roles, Committees & Decision-Making**

### **4. Which committees or governance groups hold responsibility for pathway design and medicines optimisation in:**

- **respiratory services**
- **transplant services**
- **rare disease services?**

Medicines optimisation responsibility sits within the medical directorate. Pathways are developed by the JCC commissioning groups in collaboration with the medical directorate. The JCC has a policy oversight group that has oversight over clinical policies and service specification.

Please note that the NWJCC is responsible for commissioning most transplant and rare disease services and specialised and rare disease respiratory services, with Health Boards holding responsibility for routine / nonspecialised commissioning and delivery.

### **5. Are there any named clinical leads, programme leads or specialist roles associated with these service areas?**

There are Associate Medical Directors associated with the specialised respiratory services, for transplant services and for rare diseases.

### **6. Have any new roles or groups been established in the past 18 months that influence pathway design or medicines decision-making?**

Within the last 18 months the NWJCC policy group has transitioned into the policy oversight group. No other changes have taken place.

## **Section 3: Strategic Priorities & Pressures**

### **7. Please list any published strategies, transformation programmes or priority documents currently relevant to:**

- **respiratory services**
- **transplant services**
- **rare disease services.**

Respiratory services - The work of the Cystic Fibrosis Review (phase 2) is included in the NWJCCC Annual Plan 2026/27.

Transplant services – Nothing current or planned for Transplantation, by NWJCC.

Rare disease services – Nothing currently planned by NWJCC.

**8. Are any of these services currently subject to financial recovery, service sustainability review, or workforce mitigation activity?**

Service sustainability (from a commissioner view) will be considered as part of the Phase 2 review of the Cystic Fibrosis service, considering findings from capacity and demand planning and the development of workforce plans.

**9. Are national or regional policy initiatives currently influencing planning in these areas?**

For Cystic Fibrosis a review is planned for the current Cystic Fibrosis service specification in line with the revised NHSE specification and is a deliverable required as part of Phase 2 of the Cystic Fibrosis review.

## **Section 4: Respiratory Services**

**10. Are respiratory services currently undergoing pathway review or service redesign (e.g. community respiratory, diagnostics, prevention, or virtual wards)?**

Not currently but noting the work planned for Phase 2 of the Cystic Fibrosis Service.

**11. Which respiratory disease areas are identified as priorities within current planning documents (if applicable)?**

There are no specific priorities for respiratory disease aside from the Cystic Fibrosis review and the funding of Cystic fibrosis (VERTEX) drugs being funded centrally.

The slide below details our main planning priorities.

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| <p><b>Reduce Duplication</b> </p> <p><b>Collaborative Commissioning</b></p> <ul style="list-style-type: none"> <li>Reducing duplication through contracting and benchmarking, and collaborative approaches to commissioning at an all-Wales level</li> </ul> <p><b>Intended Outputs</b></p> <ul style="list-style-type: none"> <li>Commissioning frameworks for EMRTS, ACCTS, Hospices and parts of the Voluntary Sector</li> <li>Demand and capacity review for 111</li> <li>Repatriation of service commissioning such as Plastics</li> <li>Commissioning approaches for Immunology, Welsh Blood Service, and Sexual Assault Referral Centres</li> <li>PET and MRT programme delivery</li> </ul> <p><b>Improve Equity &amp; Population Health</b> </p> <p><b>Population Health Perspective</b></p> <ul style="list-style-type: none"> <li>Establishing a work programme for Population Health and embracing existing opportunities across the pathways we commission</li> </ul> <p><b>Intended Outputs</b></p> <ul style="list-style-type: none"> <li>Associate Medical Director for Population Health appointed</li> <li>Welsh Kidney Network driving primary and secondary prevention for kidney patients</li> <li>Population Needs Assessments to support strategic reviews</li> </ul> <p><b>Facilitate Integration</b> </p> <p><b>Strategic and Organisational Development</b></p> <p>Establishing the environment, workforce, and skills to achieve the NWJCC vision of becoming the 'Centre of Excellence for Collaborative Commissioning'</p> <p><b>Intended Outputs</b></p> <ul style="list-style-type: none"> <li>NWJCC Strategy</li> <li>NWJCC Organisational Effectiveness Review</li> <li>NWJCC Organisational Development</li> <li>Commissioning education and training</li> <li>NWJCC Accommodation Review</li> </ul> | <p><b>Ensure Quality</b> </p> <p><b>Maximise Value</b> </p> <p><b>Deep Dives</b></p> <ul style="list-style-type: none"> <li>Welsh Kidney Network Services</li> <li>Individual Patient Funding Requests</li> <li>Thrombectomy services for South Wales</li> </ul> <p><b>Intended Outputs</b></p> <p>Reports with recommendations and next steps to deliver system value and improve efficiency and sustainability focussing on:</p> <ul style="list-style-type: none"> <li>Review of current spend</li> <li>Review of policies and contracts</li> <li>Analysis of current flows and activity</li> <li>Pathway impacts and interdependencies</li> </ul> <p><b>Enabling Projects</b></p> <p>The Pathways and Referral Management project aims to improve referral control, optimise pathways, and reduce inappropriate cross-border activity to achieve efficiency and sustainability</p> <p><b>Intended Outputs</b></p> <p>Implementation of Phase 1 outputs:</p> <ul style="list-style-type: none"> <li>Commissioning and contract dashboards</li> <li>Improved referral oversight and data quality</li> <li>Reduced inappropriate non-designated provider activity</li> <li>Agreement of targeted reductions in new and follow-up outpatient appointments</li> <li>Collaboratively agreed pathway recommendations for LHBS</li> </ul> <p><b>Strategic Reviews</b></p> <ul style="list-style-type: none"> <li>Neonatal Services including NICU</li> <li>Cardiac Services</li> <li>Mental Health, Learning Disabilities and Vulnerable Groups</li> <li>Ambulance Services Model</li> </ul> <p><b>Intended Outputs</b></p> <p>Review reports and recommendations to Joint Committee to inform future commissioning decisions focussing on:</p> <ul style="list-style-type: none"> <li>Population need</li> <li>Demand and capacity analysis</li> <li>Recommended commissioning models</li> <li>Opportunities to deliver system value and improve productivity and efficiency</li> <li>Reduced OOA referrals and placements</li> <li>Benchmarking analysis</li> </ul> |
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## Section 5: Rare Disease & Transplant Services

### 12. How are rare diseases and transplant services overseen within your organisation (e.g. specialist pathways, regional networks, named leads, or national commissioning arrangements)?

The NHS Wales Joint Commissioning Committee is a formal committee representing all seven Health Boards in Wales. Within its remit, the NWJCC is responsible for the commissioning of specialised and rare disease and most transplant services for the population of Wales on behalf of the Health Boards.

The NWJCC is structured into Commissioning Teams which include Clinical/Medical, Quality and Financial/Business Intelligence expertise, who work closely with providers, networks and wider stakeholders to deliver their commissioning responsibilities. The work of the NWJCC's is overseen by its Committee. Further details of our organisation and its remit can be found: <https://jcc.nhs.wales/>