

SLA: Dual Energy X-Ray Absorptiometry (DXA) Scans and Reports provided by Swansea Bay University Health Board (SBUHB)



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Provider: SBU HB (Mobile Unit to Hywel Dda Sites)

Summary of Current Position: Hywel Dda University health Board (HDdUHB) has historically commissioned a Dual Energy X-ray Absorptiometry (DXA) service for the south of the Health Board from SBUHB via a mobile unit that travels between the three hospital sites in the south of Hywel Dda (Glangwili (GGH), Prince Philip PPH) and Withybush (WGH)). HDdUHB has concerns over the waiting times for Hywel Dda residents for **a) scan** and **b) report** and has been working with SBUHB to improve performance and quality.

Scans as at December 2024 (latest position, see next slide)

- Longest wait = 48 weeks
- 156 patients waiting over 24 weeks
- 709 patients waiting over eight weeks (without appointments)
- 1,356 total number of patients on the waiting list

Scanning capacity increased throughout August, September, October and November 2024 with 450 scans undertaken in October – significantly higher than the 2023/24 average of 142.

Reports

- Over the last four months (September – December 2024), an increase of circa 1020% reported scans compared to the previous four months
- Scans performed from 9 September 2024 are being reported on within two to three weeks. Backlog scans are being managed separately, zero backlog by January 2026

To Note:

- Flow of reporting information in terms of waiting times and activity, is not always forthcoming on a monthly basis
- SBUHB now provide Trabecular Bone Scoring (TBS), a software programme that measures bone microarchitecture as part of their DXA scans. TBS provides an extra parameter in the evaluation of patient's risk of fracture, facilitating a greater degree of certainty in the decision making towards patient management
- To address the backlog, this was predicated on recruitment and all roles have been filled
- A Health Care Support Worker (HCSW) is assisting in the mobile unit and therefore supports the throughput of patients, alongside lone working etc
- SBUHB are willing to offer HDdUHB staff the opportunity to shadow their team for reporting and suggested that this would take place on site - preliminary discussions at this stage, but a positive step

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- SBUHB DXA Osteoporosis Assessment Unit -
Number of patients waiting longer than 8 weeks in Hywel Dda:
January 2020 - December 2024





- Due to increased demand, which resulted in an unsustainable waiting list position that Cardiff & Vale University Health Board (C&VUHB) were unable to manage, C&VUHB served notice and stopped accepting referrals from November 2023
- C&VUHB advised that they would continue to see and treat those patients who were in the system up until the point of cessation, through to discharge
- The Commissioning team previously worked with University Hospital Birmingham (UHB) to setup a pathway. However, capacity reduced due to one of their consultants taking up post elsewhere and as a consequence UHB did not want to enter into a formal arrangement (contract).
- Whilst no formal arrangement is in place, clinicians having been referring patients to UHB via the prior approval. The prior approval team has approved 115 allergy referrals to Birmingham (as at December 2024)
- A search of CIVICA has identified five feedback records and two complaints opened in 2023 which related to a delay in accessing allergy testing services (this was prior to the move to the service being provided at Birmingham). No feedback has been received in 2024 relating to the availability of allergy testing

To Note:

- There is a national shortage of Consultant Immunologists
- The commissioning team has previously reached out to a number of other Providers; however, they were unable to support at that juncture
- A regional issue for South Wales - the understanding is that there is Welsh Government (WG) involvement/interest in this area and the potential of an external review to understand the current position within Wales



University Hospital Birmingham – waiting list as at end of Noember 2024

- Total patients currently waiting = 62
- longest wait = 37 weeks

The position at University Hospital Birmingham will continue to be monitored.

Summary of current actions:

- A new provider in Liverpool, has recently been identified, which is an accredited centre. Discussions will commence with Liverpool to explore the support and services they can offer. However, with any potential option at this juncture, it will require patients to travel
- The Commissioning team continues to part of an All Wales commissioning group, to discuss potential new arrangements going forward
- The Commissioning team will also ensure that they take part and are integral to any Welsh Government undertaking



Oncology Outpatient Modernisation Group (led by HDdUHB)

Unsustainable model and ways of working – significant workforce fragilities and service inequities

Aim: Establish transformational plan to achieve move to Oncology Outpatient (OP) provision in line with Hub and Spoke model vision in Strategic Programme Case (SPC).

- Hub = SWWCC in Singleton
- Spokes (for delivery of the five high volume tumour sites) = GGH and PPH – SBUHB Oncology Consultants ‘visiting’ the hospitals to provide outpatient clinics for these five tumour sites
- WGH and Bronglais Hospital (BGH) – outpatient clinics for the high volume tumour sites are **delivered via digital solutions**
- Patients attend the hospital and have support and presence of NMP (CNS, Pharmacist/Staff grade workforce) in clinic, with the Oncology Consultant based in the SWWCC running a remote/virtual clinic (for example using Attend Anywhere).

single-handed current actions:

1. Current outpatient activity, clinics and workforce in the South has been mapped to give an understanding of the current resources. An updated Service Level Agreement (SLA) has been drafted to reflect this, which includes a significant financial request for the current model. Historic SLA circa £423k and updated SLA circa £784k, therefore gap of circa £361k.
2. The focus on understanding the requirement for BGH and the support needed from the SWWCC. Initial conversations between the clinical, teams have commenced.

BGH currently has a single handed locum Consultant who undertakes seven to eight tumour sites. The aim is to move away from this model and provide a more robust, sustainable service. Consequently, the service in collaboration with SBUHB are currently working through a 3-year road map plan for BGH, to understand the current position, what's required and the financial cost. To also include what support Betsi Cadwaladr University Health Board are able to offer/provide in the longer term.



Radiotherapy (RT) Modernisation Group (led by SBUHB)

Regional Principles/approach: The strategic, high-level options for the future regional model were described in the SPC as:

Option 1: Retain status quo. Continue to deliver RT for the region out of SWWCC, Singleton.

Option 2: Rebalance provision of RT across the region, with two potential models proposed as part of a Satellite RT Centre in HDdUHB region. Model involves redistribution of existing (4) LinAccs as they become ‘end of life’ and replaced over next 5–10-year period, plus new (fifth) LinAcc)

Summary of current position/actions:

1. Second CT SIM Development at SWWCC, Singleton:

- Welsh Government Capital and Health Board (joint) Revenue Business Case approved by SBUHB and HDdUHB in July 2024.
- **Health Boards s approved the recurring revenue cost for the additional 34.5% capacity** of second CTSIM with AI, subject to securing capital approval from Welsh Government .
- Approved option will provide a 34.5% recurrent increase in capacity from 2025/26, to meet demand and lower the waiting list to a manageable level – equating to a total cost £469k per annum (split equally between Health Boards).
- To meet future demand, the revenue ask is likely to increase in line with capacity increases over five years, but capacity and funding will remain at the 2025/26 modelled levels from 2025/26 onwards until such time as a future business case is put forward to increase capacity above those levels.

Next Steps

- Welsh Government have recently approved the capital case and therefore the capital project will now commence.

Timeline of CT SIM

Phase 1a : Recommissioned CT SIM (interim)												Phase 1b. Gap solution				Phase 2: New 2 nd CT SIM (permanent)			
2023/24				2024/25								2025/26							
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July onwards
SBU Agreed Funding				Joint business case (HB revenue) agreed to secure funding approx. £134K for each HB.								Gap solution to mitigate single point of failure – extended working by RT/RTP teams				Joint business case (WG Capital) & HB revenue agreed – machine TBC operational in Summer 2025 due to capital timelines			

Manufacturing Company (Phillips) will not support the maintenance of the recommissioned machine after Dec 24 as it is deemed end of life



Radiotherapy (RT) Modernisation Group (led by SBUHB) continued

Summary of current position/actions (continued):

2. Fifth Linac Development – in place by 26/27

- High level strategic options appraisal completed with stakeholders in SBUHB/HDdUHB. The SBUHB site (specifically, using the space in place of existing fifth bunker on SWWCC site) is the preferred option for the fifth Linac development, due to feasibility within the 2026/2027 timeline.
- Summary paper shared with SWWCC Regional Strategic Group and past Sustainable Resources Committee (SRC) and Strategic Development and Operational Delivery Committee (SDODC)
- SBUHB Capital Planning provided advice on progressing conversation with Welsh Government, ie agree to progress to formal Business Case initiation (See next steps).
- Estimated revenue costs have now been prepared by SBU finance. Early indications that these are likely significant.

Next steps:

- Finance T&F group to convene to discuss the estimated revenue costs (pay and non-pay), so that all are clear and sighted.
- Joint paper to be prepared for Execs (both HBs) March 25, to outline the development process to date (i.e. OA completed demonstrating that Singleton is only feasible option), and seek agreement to progress with initiation of capital work with WG (capital planning have advised project unlikely to progress unless design fees are secured)

3. Sixth Bunker/ Additional Linac/s Development

- Proposed that sixth Bunker Options Appraisal is required to assess the longer-term strategic options for RT service model, ie to develop a satellite centre in the Hywel Dda footprint. Such a satellite centre would require two Linacs at minimum, however they would not need to be built/ go live at the same time.
- Development of the sixth Bunker will need to closely align with the existing Linac replacement schedule. The schedule has been set as Linacs have a lifespan of approx 10 years, and replacement of the next 'oldest' machines will take place roughly every two years.
- ***Further demand and capacity (D&C) work has been undertaken, which shows that an additional LINAC is required in SWWCC almost every 2 years up to 2030/31 (sixth & seventh LINAC required). Note - this requirement extends further than the SPC.***

Next steps:

- SBUHB Capital Planning team are also undertaking scoping of options for sixth bunker location at Singleton. This will need to be included in Executives report due to intrinsic links to fifth Linac and ongoing Linac replacement programme and satellite centre proposal
- Urgent HDdUHB internal meeting scheduled to understand 'art of the possible' in the Hywel Dda sites, as this is key to develop an appropriate options appraisal. This should link to the strategic refresh.



Quality and safety are integral to the LTA contractual meetings with providers, involving representatives from the quality and safety teams of both organisations. A new report has been introduced by SBUHB, covering incidents, complaints and concerns for Hywel Dda residents. While this report is set to become a routine feature, it remains a work in progress.

SBU HB Quality & Safety Report for HD Residents 23/24

Incidents = 857

- Post investigation harm assessment – 359 None, 471 Low, 6 Moderate, 4 Severe, 17 TBC

Complaints = 152

- Outcome overall – 97 Not Upheld, 47 Upheld, 4 Withdrawn, 4 To Be Continued (TBC)
- Complaint grading at outcome – 138 Grade 1, 9 Grade 2, 1 Grade 3, 4 TBC

Claims = 1

To Note:

- - HDdUHB has always received serious incidents and complaints for their residents via the national reporting route.

Furthermore, all Health Boards as a Provider of services are bound by the Duty of Candour, which requires them to be open, honest and transparent with patients or their families when something is untoward during care or treatment, resulting in, or potentially causing harm. Therefore, whilst the patient may be resident in another Health Board area, HDdUHB would expect all patients to be managed in the same way, including following the same complaints/concerns procedures to that of a provider resident.

Long Term Agreements (LTAs) – deadline for signing 28th February 2025



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The Welsh Government deadline for agreement and signoff of the LTAs is 28 February 2025, however, similar to last year there are a number of areas that may potentially cause a delay. In summary, the main contentious areas are as follows:

Swansea Bay University Health Board (SBUHB)

Elective Orthopaedics – regional monies vs LTA monies (circa £2.6m) – part of Commissioning savings plan

SBUHB assumes the financial return of the non-recurrent £1.1m adjustment agreed in 2024/25, however HDdUHB do not agree to reintroduce this into the recurrent baseline for 2025/26. HDdUHB position is that it was removed in 2024/25 on a recurrent basis, and there is no justification to incorporate it back into the LTA. The same principle applies to the residual £1.5m in 2025/26, as regional funding was allocated for this purpose and it therefore should be removed from the LTA.

Locally Provided Services for Vascular and Neurology Services (circa £581k) - part of Commissioning savings plan

HDdUHB has significant reservations about any arrangement whereby charges are levied twice for the same service: once through an SLA for visiting consultant and again through LTA tariffs. HDdUHB are unwilling to endorse an approach that leads to duplication of costs.

SBU additional financial asks for inclusion within plan/LTA

SBUHB has proposed additional service developments for 2025/26. These include additionality in areas such as Vascular surgery sustainability, National Institute for Health and Care Excellence (NICE) infrastructure and the expansion of a number of existing SLA arrangements (Renal and Radiopharmacy). These have not been worked through jointly with HDdUHB or gone through any formal governance structure as yet and therefore are unable to form part of the 2025/26 LTA or plan.



Velindre Cancer Centre – part of commissioning savings plan

- HDdUHB has significantly increased the level of in-house capacity and that commissioned from other providers, notably through the South West Wales Cancer Centre at SBUHB.
- The HDdUHB position is clear: we will only pay for the high-cost drugs and services we actually use, with no adjustments to our allocation to cover costs for other Health Boards.
- The core contract should be updated based on recent, accurate utilisation data rather than outdated assumptions.
- Evidence from 2021/22 to the forecast for 2024/25 indicates a 159% increase in SBUHB activity and a 27% increase in our own activity, while our reliance on Velindre has decreased from an estimated 1.51% to 0.37% of overall Velindre activity.

NHS Wales Joint Commissioning Committee (NWJCC) – IMTP

- Concerns over the NWJCC reaching an approvable plan that is balanced in both resource and financial sustainability, whilst managing clinical and patient risk. The underlying position across Wales for 2025/26 starts with a £75.5m (6.40%) cost growth requirement:
 - Recurrent cost pressures - £32.7m
 - Unavoidable New Cost Pressures - £32.1m
 - Risk Assessed New Cost Pressures - £10.7m

A range of scenarios are being considered – Option 1: 1.77% (minimum); Option 2: 4% (pragmatic) option 3: 6.4%(fully funded). An assessment of what can be delivered within these options is currently underway.

A meeting between NWJCC and Health Board representatives has been scheduled for middle of February 2024 to discuss and consider options, including support.



Commissioning and Contracting Intentions 25/26

Commissioning and Contracting intentions document has been drafted for 2025/26, which will be circulated imminently to our main Providers. This reflects the points highlighted in the previous slides (Slides 7 - 8) but also covers areas such as:-

- **NICE/High Cost Drugs** – sharing of annual horizon scanning exercises, open and transparent approach to drug apportionment, where there is a generic/ biosimilar alternative drug available, the Health Board anticipates the switch will take place as soon as it is clinically appropriate, expectation of costs incurred for rebates and patient access schemes.
- **ITU Beds** – continue to highlight and proactively manage patients, request for a change in reporting approach to ‘live’ number of days as opposed to discharges.
- **Women’s Health and the Welsh Government Women’s 10-year Health Plan** – work together to support the delivery of this plan, particularly in addressing gaps where services are not currently available locally, such as endometriosis.
- **Plastic Surgery** - following the transfer of non-specialised procedures to Health Board responsibility, HDdUHB would like to work with SBUHB on the service model and explore potential alternative methods of delivery.
- **Interventions Not Normally Undertaken (INNU)** – request compliance and routine INNU reports.
- **Counting and Coding** – to be made aware of any changes.



Cost reduction/savings identified within year

Throughout the year, the Commissioning team has identified inadvertent costs that are either already in the system or potential cost proposals. These include:

- **Revised Oncology SLA** – Outdated historic SLA in place at circa £420k, SBUHB submitted an updated work plan of what they considered they were providing currently = 75 sessions at a cost of £1.050m. Thorough data analysis revealed that a number of the submitted sessions, were already being accounted for via the LTA. Consequently, the numbers reduced from 75 to 56 sessions. In monetary terms a reduction of circa £265k (see slide 3).
- **NICE infrastructure** – In relation to new NICE drugs, SBUHB submitted additional Consultant Infrastructure costs, which they considered were required to support the introduction of these new NICE drugs. However, analysis revealed that the costs were already accounted for either under the Oncology SLA (as above) or LTA under the cost and volume mechanism. Circa £100k.
- **Neurology Locally Provided Services** - Analysis of the LTA revealed, that Hywel Dda were being incorrectly charged for activity that either Medinet or Hywel Dda employed Consultants had carried out, SBUHB agreed that this was incorrect and would be removed. Please note, further conversations regarding locally provided services are ongoing (see slide 8).
- **NICE HCD Drugs** – Analysis of the LTA revealed that a number of the drugs were NWJCC commissioned and therefore the charge should have been directed to NWJCC as opposed to the Health Board. This was rectified in the following month.