



## Purpose of the Report and Key Focus Areas

- This report is submitted to the Strategic Development and Operational Delivery Committee (SDODC) to provide an update on performance in commissioning across Hywel Dda University Health Board (HDdUHB) and its long-term agreements (LTAs) with other Health Boards.
- It highlights key strategic developments, demand pressures, and resource allocation while ensuring effective collaboration with external commissioners across Wales.

## Key Focus Areas

- Performance Across Long-Term Agreements (LTAs) where there is a commissioning implication and/or consequence
- HDdUHB commissions other Health Boards, such as Swansea Bay University Health Board (SBUHB) and Cardiff & Vale University Health Board (CAVUHB), to provide critical services including Oncology, Orthopaedics, and Plastic Surgery.
- Collaboration with these external providers is essential to managing capacity constraints and ensuring the delivery of high-quality care.

## Capacity Expansion in Cancer Services:

- Increasing demand for oncology and radiotherapy services through the South West Wales Cancer Centre (SWWCC) necessitates the development of a fifth Linear Accelerator (LINAC). This is being addressed in collaboration with other Health Boards to ensure regional demand is met.

## Demand Pressures and Financial Management:

- Areas such as Dual Energy X-ray Absorptiometry (DEXA) (Bone Density) scanning and plastic surgery are facing significant demand pressures. These issues are being managed through prioritisation processes, service adjustments, and negotiations with external commissioners.
- Financial sustainability is supported by savings achieved through LTAs, including a £1.08m non-recurrent reduction in Orthopaedic services and a £414k benefit from high-cost drugs.

## Expectations from the Committee

- Review and endorse the strategic and operational direction of HDdUHB's commissioning activities, ensuring that performance and capacity issues under LTAs are addressed in collaboration with other Health Boards with a clear planning focus.
- Agree on the frequency of future reporting, with a suggested bi-Monthly or bi-annual schedule.



### 2024/25 – Velindre Agreement:

The following key points of the agreement are as follows:-

1. Only pay for the actual high-cost drugs consumed, consequently a **non-recurrent benefit of circa £414k** for HDdUHB in 2024/25.
2. Work with the Commissioner Group to review and adjust the core contract based on actual utilisation data and work through the issues such as allocation adjustments, consequently core contract remains extant for 24/25.

Throughout 2024/25 the Health Board will continue to work with Velindre to reach an agreement on the contract rebasing exercise. Furthermore, whilst the Health Board acknowledges that the high-cost drug benefit for this year is non-recurrent, the expectation is that the Health Board will see a similar benefit going forward.

### 24/25 – Swansea Bay University Health Board (SBUHB) Orthopaedic/Spinal Agreement:

Agreement was reached to **remove circa £1.08m** non-recurrently this year. However, HDdUHB has stressed the need for the whole £2.6m (LTA value) to be addressed recurrently next year, in line with the recognition of the recurrent recovery funding which has been provided on a regional basis.

Swansea Bay University (SBU) has committed to reviewing the regional funds flow and model for Orthopaedics/ Spinal.

## 3.67% - Core Allocation Uplift – recap and agreement(s) reached



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

HDdUHB wrote to its main providers - SBUHB and CAVUHB - regarding confirmation of how they intend to utilise the core allocation uplift of 3.67%, which has been provided to support unavoidable inflationary and demand pressures forecasted for the financial year 2024/25. To note, it is acknowledged that there are a number of interpretations on the mechanics of the 3.67%.

- **CAVUHB (circa £130k)** – key points of the agreement reached, as follows:
  1. Pass-Through Adjustment - 1.57% to be passed through, to be included in the Tariff uplift.
  2. Residual Adjustment - The residual 2.1% will be accounted for as a below-line adjustment.
- **SBUHB (circa £1.2m)** – key points of the agreement reached, as follow:-

	£	Comments
1.1% Non pay inflation	£358k	
Oncology Service Level Agreement (SLA)	£200k	Retained by HDdUHB to fund first stage of SLA uplift
DEXA	£179k	Retained by HDdUHB to cover additional DEXA pressure
Vascular sustainability	£350k	To be disbursed based on actual costs incurred rather than as an upfront lump sum. SBUHB has confirmed that whole amount is likely to be committed
In year service and sustainability	£109k	Retained by HDdUHB

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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**Provider:** SBUHB (Mobile Unit to HD Sites)

**Summary of Current Position:** HDdUHB has historically commissioned a Dual Energy X-ray Absorptiometry (DEXA) 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, Prince Philip and Withybush Hospitals). The move is normally carried out monthly depending on demand from each hospital area. HDdUHB has current concerns over the waiting times for Hywel Dda residents for **a) scan** and **b) report**.

## **Summary of current status/actions:**

- Exec to Exec discussion has taken place, agreed to enhanced rate for full clinical report.
- Service meeting took place, following agreed:-
  - **Prioritisation process** – HDdUHB has developed a prioritisation process that has been shared with SBUHB for comments and implementation.
  - **Trajectories** – SBUHB has provided activity trajectories for both scans and reports in order to address the backlogs. However, target recovery date for scanning = November 2025 and reporting = February 2026, recovery is predicated on recruitment and subsequently training. The understanding is that recruitment and training has concluded.
  - **Myelodysplastic Syndromes (MDS)** (a type of blood cancer) – SBUHB confirmed to send key information on a routine basis, which has not been forthcoming to date, this includes MDS information for both scans and reports.

## **Alternative provision** - Health Board continues to seek alternative provision/options

- **Training for the reading of Reports** – The Health Board are exploring the viability of an in house solution to this issue, which will require the upskilling of a physician to consequently mentor Radiographer reporters – physician has been identified, and question has been asked of SBUHB and CAVUHB as to whether this is something they could help to provide. SBU has previously indicated that they are not in a position due to concentrating efforts on recovery, however the Commissioning team have again asked the question. CAVUHB have also advised that they are currently unable to support as they have upcoming retirement. The Commissioning team and the Service are continuing to seek support from further afield.
- **Cardiff & Vale University Health Board** – potential to support full patient pathway only (scans and reports), logistics with treat in turn and travel for patients.
- **Aberystwyth University** - DEXA scanner in place, ascertaining what support they are able to provide.

# SLA: Outpatient Department (OPD) Antenatal Care as a Satellite Clinic SBUHB Visiting Consultant Sessions



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**Provider:** SBUHB (Visiting Consultant Sessions)

## Summary of current position:

All obstetric care can be provided within HDdUHB, however some HDdUHB resident women (typically those on the border) have historically chosen to give birth in SBUHB. Over the years, the numbers who choose to birth in SBUHB have dramatically reduced due to the increased provision of team midwifery model of care and continuity of care.

**SLA to cease** - This arrangement has however resulted in the need for SBU to provide an antenatal satellite clinic service to these patients within the Hywel Dda area. These clinics are delivered by a Consultant Obstetrician and Associate Specialist doctors from SBU HB, 1 outpatient clinics/session per week, namely at Prince Phillip Hospital (PPH).

Consequently, patients are currently having disjointed pathway as scans/tests are carried out in HDdUHB, however their birth and obstetric treatment is delivered by SBUHB. This has given rise to a number of concerns, and therefore the safer model of care is for the women to choose from the offset to either birth in HDdUHB or SBU, and have all their care from the same organisation.

**LTA to be worked through** – Due to the investment seen within the HDdUHB service, the Health Board is seeing a natural migration in the number of Hywel Dda women returning to local services, therefore the patient pathway is being looked at.

## Summary of current actions:

- **SLA (circa £23k) to cease** - Prior to serving notice, a proposal is being worked through, which has been shared internally, further work is required and is being progressed.
- **LTA to be worked through** - as above.

## Future considerations

- Due to the SLA ending, the impact at this current time is unknown, however it is considered that the emergency (non-midwifery) activity will see a decline, whilst the outpatient element will potentially see an increase. Consequently, HDdUHB proposes that both Health Boards work together throughout 2025/26 to understand the consequences of the SLA ceasing, with a view to a realignment of the LTA in 2026/27.



- The WHSSC Integrated Commissioning Plan (ICP) 2024/25 does not include allocated funding above SLA baselines to address long waits, as choices were made on the balance of performance and finance in line with the difficult choices facing all Health Boards.
- For plastics in South Wales, the WHSSC Joint Committee overtly agreed not to accelerate improvement beyond a continued steady improvement towards the targets. However, following the approval of the ICP, WG published targets to achieve no patients waiting over 104 weeks by the end of December 2024.
- The plastic surgery service at SBUHB is the only specialist service area that is in breach of this revised Ministerial target. The range of procedures in this cohort include – Paediatric Surgery, Deep Inferior Epigastric Artery Perforator flap (DIEP) and other breast reconstruction, hand surgery, facial palsy, upper/lower limb, adult hypospadias, vascular anomaly and Other.
- Potential options based on clinical priority have been worked up, including the additional activity and cost to all relevant commissioners, as shown in Table 1 below. NWJCC consequently agreed to proceed with Option 2, whilst the financial framework to meet the target is further considered.

Table 1: Options based on clinical priority: additional activity and cost required to achieve the target in March 2025 or December 2024

	Priority option	Target: Dec 2024		Target: March 2025	
		Activity	Cost (£)	Activity	Cost (£)
1.	Paediatric only	118	70,000	154	120,000
2.	Paed/DIEP	145	250,000	181	300,000
3.	Paed/DIEP/other breast	253	700,000	361	1,100,000
4.	All patients	365	900,000	570	1,500,000

### What does this mean from a HDdUHB perspective?

- Based on a risk share arrangement, the risk share split for 2024/25 for HDdUHB is 21%.

	HD Risk Share 21%	
Indicative Liability	March Profile	December Profile
JCC Approved option	62,408	76,326
All patients	200,913	320,799

- Note – the above activity figures have not been split by Health Board, therefore currently it is difficult to determine how many of these relate to Hywel Dda residents.
- Health Boards have a number of concerns with regards to the principal of this, including setting a precedence for equality ie prioritising paediatric and breast patients over another cohort to name a few. Furthermore, this will not meet the targets and there will still be breaches at the end of the year.
- The Health Board has not accounted for this additional ask.



## Current Position:

- SWWCC Strategic Programme Case (SPC) was approved in January 2023 by both SBUHB and HDdUHB Boards. [Link to SWWCC SPC Board Paper](#)
- It is a 10 year strategic framework for regional Radiotherapy and Oncology outpatient services (2023/24 – 2032/33)
- Provides a framework to develop further business cases and service plans to ensure that all patients across the region receive equitable access to, and outcomes from oncology treatments and services.
- Health Boards committed to the principle of supporting the required revenue costs associated with implementation on a proportionate share, subject to individual business case approvals.
- Final SPC shared with Welsh Government (WG) for information.
- Two workstreams established to take forward each element; Radiotherapy (RT) and Oncology Outpatients (OP). Agreed SBUHB to lead on the RT group and HDdUHB will lead on the Oncology OP group.



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

**Aim:** Establish transformational plan to achieve move to Oncology OP provision in line with Hub and Spoke model vision in SPC.

- Hub = SWWCC in Singleton
- Spokes (for delivery of the five high volume tumour sites) = Glangwili Hospital (GGH) and PPH – SBUHB Oncology Consultants visiting the hospitals to provide outpatient clinics for these five tumour sites.
- Withybush (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 Non-Medical Prescriber (NMP) (Cancer Nurse Specialist (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).

**Summary of current actions:**

1. Map the current outpatient activity, clinics and workforce involved in providing this service in both Health Boards and overlie costs to give an understanding of the current resources. This is to ensure the Health Boards can appropriately work together to jointly design, deliver and implement any proposed future model. Furthermore, it is acknowledged that the current SLA in place is historic and has not been reviewed for several years. The Health Boards are currently validating the SBU view of the current model, with further detail required from SBU, however there is a need to look at the LTA arrangement also to ensure there is no double counting (activity and financial). There is a significant financial ask which is part of the 3.67% for this year, however SBU are expecting this recurrently. The Health Boards will need to jointly work through as there is no additional money.
2. Map the current information services that are in place in both Health Boards – to follow a patient's pathway
3. Quality and Engagement Act (duty of quality) – Quality Impact Assessment (QiA) & Equality Impact Assessment (EQiA) to be completed at the point required.

## Second Permanent CT Simulation (SIM) (CT3) and Artificial Intelligence (AI)



CT Sim is integral to RT treatment planning, SWWCC has only one permanent modern CT SIM, with temp scanner to be decommissioned in December 2024. The reliance on a single CT SIM, creates a single point of failure. Demand is exceeding capacity and limited CT capacity presents the biggest barrier to achieving RT performance targets. Currently no AI, which is an effective way to reduce RT planning time.

**AIM:** Second Permanent CT SIM and AI Capital and Revenue Business Case Received (**Approved by Execs July 2024**). TARGET DATE Qtr 1.

**DEMAND**

Demand increasing from 3,051 scans in 2024/25 to 3,111 in 2025/26 and up to 4,584 by 2029/30.

Assumes an annual 3.3% growth and a stepped growth for adaptive urology in 2026/27 and adaptive Head & Neck (H&N) and Gynaecology (Gynae) in 2027/28

**ACTIVITY (current) – Scans per year**

Permanent CT2 SIM = 2,412

Recommissioned CT (interim CT SIM 2024/25) = 602

\*\*Future demand will not be met with one permanent scanner, which will result in a significant increase in the workload over the period.

**ACTIVITY (additional capacity required) – Scans per year**

Number of options modelled;

Preferred option = B2 **34.5% additional capacity**, 832 scans/year £469k/year (split equally between Health Boards), waiting list of 51

**REVENUE COST (split equally between Health Boards)**

- The total additional annual cost will be **£97,558** per Health Board (compared to current cost of recommissioned CT SIM).
- £65.058k in 2025/26 and the residual £32k being applicable from 2026/27, this incremental increase of £32.5k represents the removal of the Year-1 warranty and service maintenance costs
- Aligns with the strategic plan to improve regional non-surgical oncology services

**Option B2 34.5% Capacity Summary**

- A balanced approach to increasing capacity and managing costs.
- The Health Boards can effectively meet the projected demand growth while maintaining financial stability
- **3,244 available slots against a predicted demand of 3,111** for the next year, this proposal ensures that the Health Boards can handle the expected growth efficiently.
- Long-term projections for 2030 indicate that the capacity increase will align well with the ongoing demand, maintaining service levels and cost efficiency.



## Fifth LINAC/Future LINAC Service Model

SWWCC has currently four LINACs in place, which are fully enabled with latest technology and able to operate at max treatment capacity. RT demand is exceeding capacity. Demand and capacity modelling shows need to move to fifth LINAC model in 2026/27. Would comprise a major capital case to WG. Options to site the fifth LINAC inside or outside of the SWWCC.

### **AIM:** Fifth LINAC strategic Options Appraisal (OA)

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 (four) LINAC as they become 'end of life' and replaced over next 5–10-year period, plus new (fifth) LINAC
  - Option 2a) Move to 50/50 split of LINAC between SBUHB and HDdUHB – eg all tumour sites treated in both SWWCC and HDdUHB satellite centre, or;
  - Option 2b) Move to 80/20 split of LINAC in SBUHB/ HDdUHB – eg high volume tumour sites treated in HDdUHB satellite centre.

### **Task and Finish (T&F) Group Established:**

Agreed approach, to develop two options appraisals

1. Focus on the fifth LINAC, as this is the most pressing issue, given the additional LINAC required in 2027
2. To assess the longer term strategic options, ie a satellite centre requiring at least two LINACs at minimum. This would be addressed in the next financial year (2025/26), to avoid confusion and capacity issues for the team and referred to as the 6<sup>th</sup> Bunker.

**Note:** Development of the 6<sup>th</sup> Bunker will need to closely align with the existing LINAC replacement schedule. LINACs have a lifespan of about 10 years, and replacement of the next oldest machines will take place roughly every two years from 2026/27.



## Fifth LINAC/Future LINAC Service Model

### OUTCOME SUMMARY OF OA FOR Fifth LINAC

- Overall, the OA demonstrated that SBUHB site (specifically using the space in place of existing 5<sup>th</sup> Bunker on SWWCC site) is the preferred option for the Fifth LINAC development within the 2026/2027 timeline.
- Mainly due to feasibility considerations, from a site identification/ logistics perspective in the context of the 2026/2027 timeline. No facilities within HDdUHB that meet these timescales.
- However, it is clear that strategically and when taking into account the needs of the population, HDdUHB fares more favourably as the preferred site.
- While not viable within the timelines for this, it adds weight to the need to undertake the wider strategic OA on the 6<sup>th</sup> Bunker for consideration of siting in HDdUHB footprint

### Considerations based on the OA:

- Are there any other key factors regarding the selection of the site, that the T&F group should have included?
- Are there any significant objections or concerns with the outcome of the fifth LINAC OA? Noting the reasons for why the SBUHB site has been identified as the favourable option for fifth LINAC.
- Is there agreement regarding the selection of the site for the fifth LINAC?



## Fifth LINAC/Future LINAC Service Model

### Important points to note/consider should the Health Board agree/sign up to the fifth LINAC OA

- Aligns to the SPC that was signed off by both Health Boards in January 2023, however is this still a priority for the Health Board?
- Capital business case will be developed based on the agreement of the OA outcome/preferred site.
- There will be **future revenue cost consequences, which will set an expectation that the Health Board will fund**. Unclear at this juncture what these revenue costs are likely to be.
- How will the future revenue cost implications be funded in the context of the Health Board financial position?
- Linked to the above, will there be consequences to another area ie need to reduce/stop level of provision?
- Risk – No spare bunker to decant facilities.
- Second Option Appraisal on the 6<sup>th</sup> Bunker to be undertaken, to consider the longer-term strategic options, which would align with the existing LINAC replacement programme. Therefore, still an opportunity for a LINAC to be situated within the HDdUHB boundary. However, **additional future cost implications required for a 6<sup>th</sup> Bunker...**

### Important points to note/consider should the Health Board disagree/not sign up to the Fifth LINAC OA

- Aligns to the SPC, however reputational risk should the Health Board change strategic direction.
- Potential impact for the region - both SBUHB and HDdUHB residents.
- Quality impact – true impact unknown at this juncture, however demand will exceed capacity and there will be an impact on outcomes and experience for patients.



The Committee is requested to:

- **APPROVE** the frequency of future commissioning reports, with options including bi-monthly (aligned with the Committee's meeting schedule) or bi-annually, based on the required level of detail and oversight.
- **AGREE** the specific content of future reports, focusing on key commissioning activities, service delivery outcomes, and how these services align with strategic priorities and address capacity and demand pressures.
- **NOTE** the significant scope and activity of commissioned services, with expenditure exceeding £185m, and to **CONSIDER** the strategic direction to ensure that these services effectively manage capacity and deliver on high-pressure areas.
- **NOTE** that while financial performance is disaggregated through LTAs, future commissioning reports should also consider how financial resources align with service delivery to ensure sustainability and responsiveness to demand.