

## PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 August 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Healthcare Contracting, Commissioning and Outsourcing Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Executive Director of Finance Lee Davies, Executive Director of Strategy and Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Shaun Ayres, Deputy Director of Operational Planning and Commissioning

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

Long-Term Agreements (LTAs) during 2021/22 were subject to a block arrangement between Health Boards in Wales. This arrangement was implemented at the beginning of the COVID-19 pandemic and continued for the remainder of 2021/22. The purpose of the arrangement was to ensure that there was a collective focus on operational recovery. In 2022/23, the block arrangements were deemed inappropriate and, therefore, a hybrid approach was adopted.

Moving into 2023/24, the Directors of Finance (DoF) agreed to continue with the current 2022/23 framework mitigation principles in 2023/24, with the 10% underperformance tolerance reduced to 5%.

In addition to the financial implications, this report will provide a focus on the waiting times and performance metrics.

##### Cefndir / Background

During the pandemic, and in order to ensure financial stability for organisations, the intra Wales LTAs operated as block contracts with 2019/20 activity and financial outturns as the default baseline. This framework remained in place across the two pandemic years 2020/21 and 2021/22.

##### 2022/23

Through 2021/22 the financial flows workstream sub-group was tasked with developing an approach to LTAs for 2022/23 against the six key principles agreed by Directors of Finance:

1. A need to move away from blocks
2. A need to incentivise patient treatment
3. 2022/23 as a transition year
4. Central NHS policy is to return to 19/20 levels of activity
5. A need for a realistic assessment of what actual activity levels we project we will be able to deliver (tolerance levels)

6. The model needs to minimise the risk from activity variations but recognise cost of recovery.

In March 2022, the All Wales (AW) DoF Forum accepted the recommendation put forward by the financial flows sub-group for the 2022/23 financial year. The 2022/23 framework returned to cost and volume with the following mitigations included:

- A 10% tolerance level for contract underperformance
- Activity above 2019/20 levels to be reimbursed at an enhanced marginal rate of 70%
- Non-admitted patient care activity to remain on a block basis

The agreement was for one year only recognising the need to move forward from the historic LTAs that existed prior to the pandemic, which in the majority of cases have not been rebased since 2002 and are no longer reflective of the cost base, case mix or activity flows.

There was also a recommendation that the Financial Flows sub-group meet monthly to review performance against the agreement set out above and to begin discussions on the approach to 2023-24 and beyond, acknowledging that implementing any major change programme takes commitment and time, therefore, to adopt such a strategy in Wales it would be realistic to set this over a 2 – 3 year period.

However due to unforeseen circumstances the group only met once in the first 6 months of 2022/23 and once re-convened in October 2022, prioritised an assessment of the 2022/23 framework and agreeing an approach to 2023/24.

#### **2023/24**

The financial flows sub-group undertook an assessment of the 2022/23 framework to establish the impact of the framework principles from a commissioner and a provider basis. The main qualitative feedback on the framework is summarised below:

- Principle of avoiding destabilisation for providers is achieved
- Straightforward to implement for provider monitoring and clear to identify difference between extant contract framework
- Merit in using the 2019/20 outturn as baselines, updated from the historic LTA levels
- Reporting volatility with swings in month-end reported positions, making it difficult to forecast
- The enhanced marginal rates have not incentivised or increased activity but added reporting volatility

A quantitative impact assessment was undertaken based on month 8 forecast positions and against the 2019/20 LTA outturn proxy baseline as opposed to historic LTA baselines.

The financial flows sub-group concluded this assessment was an accurate estimate of the annual system impact, however, were unable to reach a consensus on a recommended approach to 2023/24 due to the polarised views between net commissioners and providers.

Consequently, the recommendation from the Deputy DoF group was to: Support the majority preference of rolling the 2022/23 contracting framework into 2023/24 but to reduce the underperformance tolerance from 10% to 5%. This was subsequently agreed by the DoFs.

## Asesiad / Assessment

The main areas of focus will be on the contractual delivery and waiting lists within the Health Board's main providers.

### LONG TERM AGREEMENTs (LTA)

#### 2023/24 – LTA position.

The total value of LTAs for 23/24 is £48.310M with Welsh Health Specialised Services Committee (WHSSC) being £124.561M.

LTA Contract	LTA Value	Mth 3 Performance	FY Outturn
Aneurin Bevan	£291,571	£15,725	£307,296
Betsi Cadwalladr	£306,149	-£32,932	£273,217
Cardiff & Vale	£6,338,070	-£17,381	£6,320,689
Cwm Taff Morgannwg	£519,652	-£15,207	£504,446
Powys	£199,824	-£4,414	£195,410
Swansea Bay	£39,339,496	-£114,085	£39,225,410
Velindre	£1,314,971	-£66,936	£1,248,035
<b>TOTAL LTA: Non WHSSC</b>	<b>£48,309,733</b>	<b>-£235,230</b>	<b>£48,074,503</b>
<b>WHSSC</b>	<b>£124,561,165</b>	<b>£36,785</b>	<b>£124,597,950</b>
<b>TOTALS:</b>	<b>£172,870,898</b>	<b>-£198,445</b>	<b>£172,672,453</b>

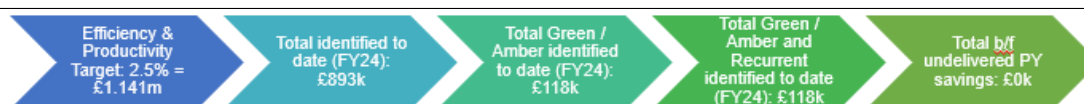
#### 2023/24 – MONTH 3 (M3) LTA position.

Based on M3 returns, the forecasted underperformance for Health Board to Health Board LTAs is £198K. The main area of underperformance is Swansea Bay University Health Board (SBUHB) (£114K underperformance) which is reflective of the 2019/20 block (£129K).

### SAVINGS

Against a budget of £175.661M a savings target of £1.141M has been allocated.

To date £893K of savings have been identified, £118K have been approved (green), with a further £775K being considered (black).



Scheme ref	Scheme Name	Scheme value			BRAG	Type	Project Plan?	Expected Outcomes (focusing on non-financial) and alignment to Health Board Strategy
		FY24 £'k	FY25 £'k	FY26 £'k				
1	Contract negotiation	£118	£118	£118		Rec	Y	
2	Velindre HCD rebase	£565	£565	£565		Rec	Y	
3	Review UP areas in LTAs	£210	£500	£500		Rec	Y	
4	D					Rec	N	
5	E					Rec	N	
6	F					Rec	N	
	<b>TOTAL</b>	<b>£893</b>	<b>£1,183</b>	<b>£1,183</b>				

### Waiting Times – Month 3, 2023-24

As at the end of June 2023, there were 7,704 HDdUHB residents awaiting treatment in other Welsh NHS Organisations within all stages of outpatient/diagnostic pathway. The percentage change over the last 12 months is provided below for each provider.

Provider	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	% Change
<b>Aneurin Bevan University Local Health Board</b>	94	93	93	81	87	84	84	80	79	76	75	69	-27%
<b>Betsi Cadwaladr University Local Health Board</b>	25	26	28	30	28	29	30	27	27	27	25	25	0%
<b>Cardiff and Vale University Local Health Board</b>	1,221	1,208	1,231	1,230	1,208	1,193	1,213	1,201	1,189	1,209	1,236	1,256	3%
<b>Cwm Taf Morgannwg University Local Health Board</b>	93	97	103	103	104	102	102	91	92	91	90	89	-4%
<b>Powys Teaching Local Health Board</b>	19	13	17	16	13	15	14	16	13	17	20	25	32%
<b>Swansea Bay University Local Health Board</b>	7,001	7,034	7,030	7,087	6,948	6,877	6,780	6,674	6,496	6,471	6,320	6,240	-11%
<b>Grand Total</b>	<b>8,453</b>	<b>8,471</b>	<b>8,502</b>	<b>8,547</b>	<b>8,388</b>	<b>8,300</b>	<b>8,223</b>	<b>8,089</b>	<b>7,896</b>	<b>7,891</b>	<b>7,766</b>	<b>7,704</b>	<b>-9%</b>

The table above shows that there has been a 9% decrease in the volume of patients waiting from July 2022 to the end of June 2023. The majority of HDdUHB patients awaiting treatment at other Welsh health boards are with SBUHB (81%) and Cardiff and Vale University Health Board (CVUHB) (16.3%).

### **CVUHB Waiting Times New Outpatient (All waits)**

The table below shows the rolling 12 month position, as at the end of June 2023, for all patients waiting for a new outpatient appointment by speciality within CVUHB:

Specialty	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>Clinical Immunology And Allergy</b>	211	212	208	210	216	227	230	223	219	217	219	221
<b>Trauma &amp; Orthopaedics</b>	90	100	105	103	102	95	103	98	96	102	108	102
<b>Neurosurgery</b>	57	50	60	62	65	74	71	60	60	61	57	52
<b>Ophthalmology</b>	35	33	35	35	32	28	27	30	30	32	32	34
<b>Paediatric Surgery</b>	34	39	34	31	34	28	30	33	35	29	27	27
<b>Paediatrics</b>	39	34	31	38	31	28	27	25	17	16	22	27
<b>General Surgery</b>	18	19	13	18	18	11	19	20	17	19	17	26
<b>Neurology</b>	37	38	38	31	31	26	27	23	23	21	25	24
<b>Clinical Pharmacology</b>	7	6	6	6	9	10	10	14	11	12	14	19
<b>Gynaecology</b>	3	2	3	5	7	7	5	8	9	8	9	11
<b>ENT</b>	12	11	11	10	8	9	12	10	11	11	12	9
<b>Oral Surgery</b>	7	7	7	6	5	4	5	9	5	5	6	8
<b>Clinical Haematology</b>	7	5	8	12	9	11	7	6	4	3	4	7
<b>Dermatology</b>	8	6	8	5	4	4	4	4	5	4	4	7
<b>Dental Medicine Specialties</b>	7	7	8	7	6	6	5	4	3	4	4	6
<b>Geriatric Medicine</b>	7	8	7	6	5	6	6	5	5	5	6	6
<b>Urology</b>	2	1	2	1	1	1	3	2	3	3	3	6
<b>Gastroenterology</b>	5	5	7	8	9	9	8	6	7	10	8	5
<b>Nephrology</b>	3	0	1	0	0	0	1	2	3	2	2	5
<b>Cardiology</b>	16	9	7	4	5	3	5	3	4	5	4	4
<b>Cardiothoracic Surgery</b>	7	8	4	5	5	6	5	2	2	5	5	4
<b>Paediatric Dentistry</b>	3	4	3	3	2	1	1	2	4	5	4	4
<b>General Medicine</b>	4	8	8	5	4	7	8	9	6	4	8	3
<b>Anaesthetics</b>	2	4	5	4	4	3	0	5	0	1	1	2
<b>Orthodontics</b>	2	2	2	2	2	2	2	2	2	2	2	2
<b>Pain Management</b>	1	1	1	0	1	1	2	3	2	2	2	2
<b>Paediatric Neurology</b>	0	0	0	1	1	0	0	0	0	0	2	1
<b>Respiratory Medicine</b>	1	2	1	1	1	1	1	0	1	1	1	1
<b>Restorative Dentistry</b>	1	1	1	1	1	1	1	0	0	0	1	1
<b>Rheumatology</b>	0	0	0	0	0	0	0	0	0	0	0	1
<b>Rehabilitation Service</b>	1	1	1	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	627	623	625	620	618	609	625	608	584	589	609	627
Month on Month Change		-0.60%	0.30%	-0.80%	-0.30%	-1.50%	2.60%	-3.00%	-3.95%	0.86%	3.40%	2.96%
% Change Jul to Jun												0%

The above table demonstrates that the majority of HDdUHB patients waiting for a new outpatient appointment at CVUHB are waiting for Clinical Immunology and Allergy. They account for 35.25% of the June 2023 waiting list. The volume of patients waiting for an allergy appointment has reduced slightly from reaching a peak in January 2023. To note, the marked increase in the number of patients waiting in Clinical Pharmacology and Gynaecology.

### CVUHB Waiting Times New Outpatient Appointments (>36 weeks) – Top 3 Specialties

Specialty	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>Clinical Immunology And Allergy</b>	126	127	126	136	140	143	139	137	121	122	124	115
<b>Trauma &amp; Orthopaedics</b>	39	37	39	42	36	37	39	39	37	44	48	48
<b>Ophthalmology</b>	16	16	15	15	15	15	15	16	17	17	18	19
<b>Grand Total (Top 3 Specialties)</b>	<b>181</b>	<b>180</b>	<b>180</b>	<b>193</b>	<b>191</b>	<b>195</b>	<b>193</b>	<b>192</b>	<b>175</b>	<b>183</b>	<b>190</b>	<b>182</b>
% Month on Month Change		-0.55%	0.00%	7.22%	-1.04%	2.09%	-1.03%	-0.52%	-8.85%	4.57%	3.83%	-4.21%
												0.55%
<b>Grand Total (all Specialties)</b>	<b>223</b>	<b>218</b>	<b>215</b>	<b>222</b>	<b>209</b>	<b>214</b>	<b>214</b>	<b>213</b>	<b>190</b>	<b>195</b>	<b>200</b>	<b>196</b>

Based on the aforementioned Referral to Treatment Times (RTT) metrics, the main >36 challenges remain Clinical Immunology and Allergy, which has the greatest number of patients

waiting over 36 weeks and accounts for 58.67% of the >36 week June 2023 waiting list. The top three specialties account for 92% of the longest waiting patients.

### **Allergy - Recommissioning Pathways**

As advised in the previous report, due to the unsustainable position CVUHB has written to the HB to serve notice, with effect from 1<sup>st</sup> November 2023.

Following this notification, the commissioning team has engaged with a Hywel Dda GP who has an interest in this area. Additionally, discussions have recommenced with the University Hospital of Birmingham, to determine the level of support they can offer, not only in terms of secondary care services but also in terms of training and assistance to primary care. The commissioning team are facilitating introductions between the Hywel Dda GP and the clinical team at Birmingham. The intention is to establish a complete pathway that encompasses support from both primary and secondary care, ensuring a comprehensive end to end approach.

To note, the Cardiff service are also “*open to providing advice or training support to allergy services in other LHB*”, therefore a clinical meeting is also in the process of being arranged, particularly as the Cardiff service has a general practitioner with special interest (GPwSI).

Recognising that patients are still being added to the waiting list at Cardiff and are unlikely to be seen between now and November 2023, Birmingham has been approached as to whether they would take on the current pathway (from Cardiff) as soon as it is feasibly possible/appropriate to do so, focussing on the new patients at this juncture. This would be on the premise that the commissioning team continues to work through the pathways with both Birmingham and the Hywel Dda GP. It would provide a valuable head start before the Cardiff service comes to a complete end in November 2023. As soon as confirmation is provided, the commissioning team will engage with Llais.

Furthermore, the commissioning team has requested that Cardiff continue to manage the follow up patients in the system through to discharge. The understanding is that the numbers are small, confirmation is awaited from the Cardiff Clinical Lead as to whether this request is deemed reasonable, which would also ensure that continuity of care is maintained.

### **Gynaecology – Endometriosis**

CVUHB has also written to the HB to serve notice on endometrial surgery, as they consider that they do not provide a funded tertiary service and as a consequence they are no longer able to accept referrals for out of area referrals. The number of Hywel Dda residents is small, 5 patients in 2019/20 and since then they have not treated any from the HDdUHB area. The understanding is that the surgery for these patients is now being undertaken at SBUHB. CVUHB has confirmed that they will honour their commitment to those patients already on their waiting list.

On a wider note, this led the commissioning team to look at the overall gynaecology contract, which has been underperforming across the majority of points of delivery, particularly the inpatient element. In 2022/23, the number of elective inpatients carried out was 6 against a contract of 122. Consequently, the commissioning team are working with the Gynaecology service to understand the pathways and also the activity that Cardiff is seeing and treating to determine the feasibility and appropriateness of decommissioning the LTA.

### **SBUHB Waiting Times New Outpatient (All waits)**

The table below shows the latest position as at the end of June 2023 for all patients waiting for a new outpatient appointment by speciality within SBUHB.

Specialty	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Oral Surgery	1,768	1,785	1,736	1,690	1,599	1,513	1,423	1,298	1,161	1,111	1,042	951
Trauma & Orthopaedics	690	731	747	773	781	769	779	791	780	833	845	898
Orthodontics	652	647	687	677	617	583	547	549	546	531	491	386
Plastic Surgery	337	354	331	335	302	291	290	255	235	234	230	225
Cardiology	115	120	127	157	182	183	151	155	146	147	160	153
Ophthalmology	99	99	94	100	96	92	104	115	104	102	105	102
Neurology	62	72	74	68	67	74	69	60	67	73	78	79
Restorative Dentistry	24	30	27	32	44	54	64	67	69	70	62	69
General Surgery	101	114	104	92	84	85	80	81	79	77	66	63
Rehabilitation Service	49	55	54	55	57	49	55	51	58	54	52	43
Gynaecology	49	49	50	45	43	39	39	35	37	40	38	36
ENT	53	57	50	50	45	44	46	42	35	31	32	34
Cardiothoracic Surgery	52	43	43	34	26	32	24	28	29	41	41	33
Nephrology	12	4	6	4	9	15	13	15	12	19	8	24
Gastroenterology	10	10	11	10	12	15	18	22	19	20	19	19
Urology	29	37	37	44	34	35	38	29	26	24	24	18
Dermatology	10	14	11	7	7	6	8	9	9	8	9	14
Paediatrics	24	27	23	19	25	28	28	27	25	23	19	12
Paediatric Neurology	3	1	1	2	2	2	5	4	2	0	2	6
Endocrinology	7	6	9	7	12	4	6	6	5	3	2	5
General Medicine	1	3	4	5	4	8	4	4	0	2	5	5
Rheumatology	3	6	7	6	9	9	10	13	6	4	4	5
Respiratory Medicine	2	4	4	2	1	1	3	3	5	3	3	3
Clinical Haematology	0	1	0	0	0	0	1	0	0	0	1	2
Dental Medicine Specialties	35	34	39	37	0	0	0	0	0	0	0	0
Geriatric Medicine	1	3	2	2	3	3	5	4	3	1	1	0
Pain Management	0	0	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>	<b>4,188</b>	<b>4,306</b>	<b>4,278</b>	<b>4,253</b>	<b>4,061</b>	<b>3,934</b>	<b>3,810</b>	<b>3,663</b>	<b>3,458</b>	<b>3,451</b>	<b>3,339</b>	<b>3,185</b>
% Month on Month Change		2.82%	-0.65%	-0.58%	-4.51%	-3.13%	-3.15%	-3.86%	-5.60%	-0.20%	-3.25%	-4.61%
% Change Jul22 to Jun23												-23.95%

The table illustrates a number of specialities continuing to experience challenges. Although it is acknowledged that all health boards are experiencing challenges, it is prudent to understand the current position for HDdUHB patients awaiting a first outpatient appointment within SBUHB. Oral & Maxillofacial Surgery (OMFS) accounts for the majority (29.86%) of the overall waits in June 2023. However, whilst OMFS reached a peak in August 2022, it has continued to show an improvement month on month since, noticeably a 37% reduction since Dec 22 with a 8.73% reduction from May 2023. Trauma & Orthopaedics numbers have increased 30.14% since July 2023 and remain on an upward trajectory.

### **SBUHB Waiting Times New Outpatient Appointments (>36 weeks) – Top 5 Specialities**

The below table illustrates that the majority of specialties with long waiters correlate to those with the overall number of patients waiting.

Specialty	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Trauma & Orthopaedics	276	280	295	292	253	207	184	174	136	163	189	217
Oral Surgery	972	1,006	958	902	836	771	650	500	342	304	209	134
Orthodontics	358	362	380	379	325	287	265	255	252	243	197	101
Ophthalmology	26	28	24	25	22	17	21	26	25	26	23	21
Plastic Surgery	83	88	59	45	29	34	36	26	23	21	12	17
<b>Grand Total (all Specialties &gt; 36Wks)</b>	<b>1,715</b>	<b>1,764</b>	<b>1,716</b>	<b>1,643</b>	<b>1,465</b>	<b>1,316</b>	<b>1,156</b>	<b>981</b>	<b>778</b>	<b>757</b>	<b>630</b>	<b>490</b>
% Month on Month Change		3.08%	-2.37%	-4.85%	-10.83%	-10.17%	-12.16%	-15.14%	-20.69%	-2.70%	-16.78%	-22.22%
% Change Jul22 to Jun23												-71.43%
<b>Grand Total (all Specialties &gt; 36Wks)</b>	<b>1,835</b>	<b>1,889</b>	<b>1,830</b>	<b>1,736</b>	<b>1,532</b>	<b>1,379</b>	<b>1,220</b>	<b>1,036</b>	<b>820</b>	<b>789</b>	<b>659</b>	<b>517</b>

The table above illustrates that the number of patients waiting over 36 weeks has dropped since July 22. OMFS has seen a 86.21% reduction, Orthodontics has seen a 71.79% reduction, Trauma and Orthopaedics (T&O) has seen a 21.38% reduction and Plastic Surgery a 79.52% reduction. Whilst T&O has reduced over this duration the numbers have increased month on month since March 2023 by 59.56%.

### **Dual Energy X-ray Absorptiometry (DXA) service**

HDdUHB has historically commissioned a Dual Energy X-ray Absorptiometry (DXA) service for the south of the HB from SBUHB via a mobile unit that travels between the three hospital sites.

HDdUHB has current concerns over the waiting times for Hywel Dda residents for a) scan and b) report. Ongoing discussions continue with SBUHB to address these concerns and to review the extremely overdue historic contractual arrangements, to ensure that going forward they are fit for purpose. HDdUHB has received a demand & capacity plan and Service Level Agreement (SLA) proposal from SBUHB for both scans and reports. This is predicated on recruitment and training lead in time, therefore the benefit that would be seen this year would be nominal, however in order to address the backlog, there are associated significant financial implications.

Due to the significant underperformance within the main LTA contract, the pragmatic solution, which was put forward to SBUHB, would be to move the under-performance in one area to temporarily increase the DXA activity. However, SBUHB maintain the position that in order to increase activity, HDdUHB will need to invest in their service.

### **SBUHB Disaggregated pathways between SBU and HDdUHB residents.**

It must be noted that disaggregated pathways exist between SBU and HDdUHB residents. Whilst HDdUHB residents are scanned on the mobile unit at a HDdUHB hospital site, Swansea residents are scanned via the static scanner at Singleton Hospital. Reports are read and provided by clinical technologists for HDdUHB residents, whereas Consultant Rheumatologists read and provide the reports for Swansea residents. The expectation would be that Hywel Dda residents are treated in line with Swansea Bay residents. However, due to the two distinct current service models, there appears to be an inequity in access, resulting in Hywel Dda patients waiting exceedingly longer for a scan and subsequently a report than a Swansea Bay resident.

### **DXA SCANS**

Waiting list	Scan	
	Swansea Bay Resident	Hywel Dda Resident
<b>As at the end of April 2023</b>		
Patients waiting over 24 weeks	306	1,859
Patients waiting over 8 weeks:	1,707	2,729



Longest Wait	36 weeks	68 weeks
Total Number of patients on the waiting list	2,230	3,179

Note that in 2022/23 the number of SBUHB residents scanned reached nearly 5,000 patients, whereas the number of Hywel Dda residents scanned were nearly 1,400.

The average number of scans pre-covid was 186 per month for Hywel Dda, however post - covid in April 2023, 102 scans were performed for Hywel Dda residents.

### **DXA Report**

Following a DXA scan, the results are interpreted, and a written report is generated by a clinician. The report is the final sequence in the pathway of a patient's bone density testing. The quality of the report can widely vary depending on the type of report generated, the two main types are as follows:

#### **1. Technical Report**

Data generated by the DXA computer and provide no clinical assessment or interpretation. Although a technical report can be useful to diagnose osteoporosis solely based on Bone Mineral Density (BMD) criteria, such an approach can be misleading and inaccurate. A technical report for each patient takes up to 10 minutes of scientific time.

#### **2. Full Clinical Report**

A full clinical interpretation of a DXA, provides an accurate identification of patients at high risk of fragility fractures. It is a more integrative approach, which not only considers BMD but also all applicable risk factors. This approach enables calculating the risk of fractures, improving diagnostic accuracy of the technique and the ability to guide therapy and/or recommend lifestyle management. A full clinical report which, as described, involves a holistic assessment of clinical risk factors and other imaging scans for each patient can therefore take up to 1h of scientific time.

Due to the lack of clinical scientists within the service, there has historically been a disparity in the standards of reporting between the two Health Boards. However, following requests from Hywel Dda referring clinicians, DXA reports were upgraded in 2019, from technical to full clinical reports in line with national reporting guidelines for DXA. The move to full clinical reports has increased the reporting time from 10 minutes to (up to) an hour.

Reporting waiting list initiatives started taking place from the 28 May 2022 to address the existing reporting backlog for Hywel Dda, but this is still not enough to meet the current backlog

	<b>Report</b>	
	<b>Swansea Bay Resident</b>	<b>Hywel Dda Resident</b>
Waiting times	Approx. 2 weeks	Currently 1838 scans pending reporting of the 3368 scanned between March 2021 and April 2023. The oldest scan pending report is from July 2021
Reported by	Team of Consultants from Rheumatology/ Care of Elderly	Historically been reported and validated by a single Clinical Scientist and DXA Practitioner. In-house training has been taking place for over two years to allow the DXA Chief Technologist and Senior Technologists to support this work. From May 2022 the DXA Chief Technologist has been entitled to

		independently report and validate DXA reports following a significant period of training which included achieving a post-graduate certificate. A team of 4 senior technologists are now also able to report. Each of those DXA reports are subsequently independently validated.
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### **Alternative solutions**

There are currently limited options with regards to alternative solutions, the traditional private companies such as Werndale, Sancta and St Joseph's do not provide a service and the same applies for insourcing.

English NHS providers have also been approached; however their services are also very stretched and therefore they are not accepting out of area residents.

With regards to reporting, there are no accredited training courses currently being run, Osteoporosis Society have confirmed this and highlighted it as a risk. Therefore, if HDdUHB are looking at upskilling and training existing workforce, the reliance would be on SBUHB to support and would require a Standard Operating Procedure (as its not accredited).

### **Next Steps**

- Explore whether Hywel Dda patients are able to travel/access the static DEXA scanner at SBUHB for additional scans. Prioritisation of certain patients.
- Explore whether the SBUHB Consultant Rheumatologists have the capacity to report on the Hywel Dda patients
- Explore whether Hywel Dda Consultant Rheumatologists or Care of the Elderly have the skills and capability to provide full clinical reports, to include their likely capacity.

The long-term intention would be to provide an inhouse DEXA service.

### **Outcomes linked to specialty (Spinal and Cardiology)**

Due to the difficulties with receiving granular data from other HBs, the Commissioning team sent a patient questionnaire via the Dr Dr system, to all Spinal and Cardiology patients who had elective and emergency treatment/surgery during 2021/22 at SBUHB. The questions were based on patient-reported experience measures (PREMs) and Patient-reported outcome measures (PROMs) and input was sought by clinical and value-based healthcare colleagues to ensure they were appropriate and reasonable.

On 8 August 2023 the Quality and Safety Committee received a presentation on [Commissioning for Quality Outcomes](#).

### **Regional Commissioning Group (RCG)**

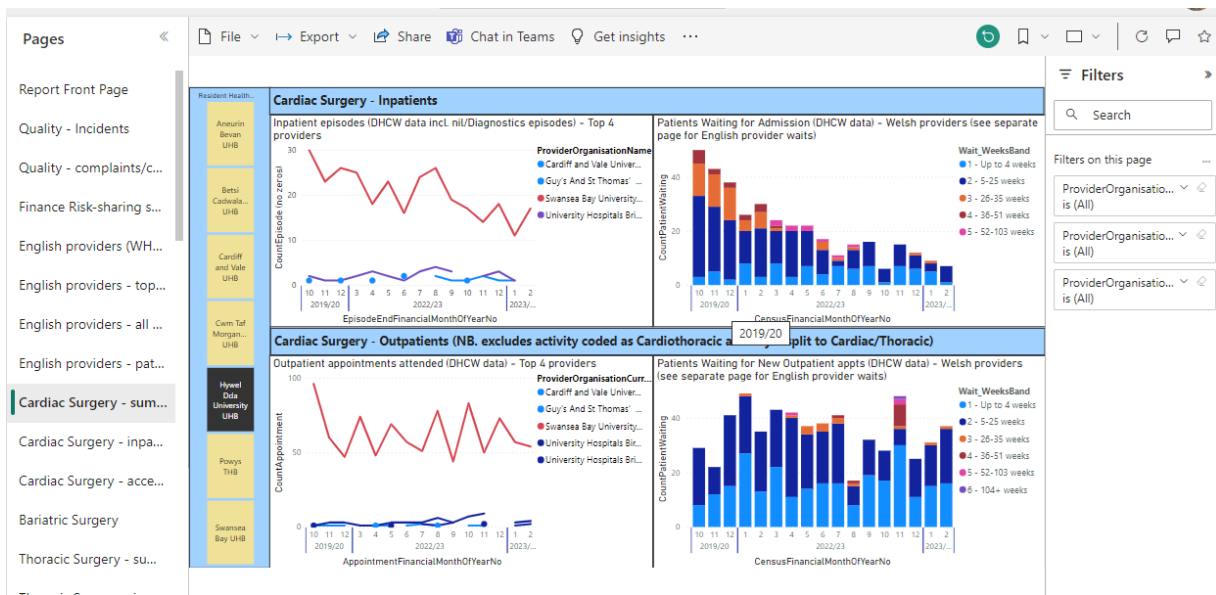
It is important that HDdUHB continues to work closely with SBUHB, and that both Health Boards support each other via collaborative and regional solutions to ensure that the multitude of challenges affecting both Health Boards can be addressed collectively.

Whilst there are bi-monthly LTA monitoring meetings between the two organisations, it was recognised that there was a need to develop a more strategic mechanism to take a robust commissioning approach to transform the way that care is delivered. Consequently, a RCG was established in 2022 to support both organisations to fulfil their commissioning role collaboratively. However, due to an overlap of key priorities with the A Regional Collaboration for Health (ARCH) programme, the RCG work paused.

In order to revitalise the RCG, the terms of reference (ToR) are in the process of being repurposed and the proposal is to setup a finance subgroup, which will feed into the RCG and ARCH, where necessary. Due to the financial position of all HBs in Wales, creating a distinct finance subgroup will aid the respective strategic groups to remain focused on the strategic intent without being diverted back to the complex financial discussions.

### **Welsh Health Specialised Services Committee (WHSSC)**

WHSSC has produced a new performance dashboard, utilising the Digital Health and Care Wales (DHCW) data warehouse and provider returns. Included within the dashboard are quality incidents/complaints, finance risk share summary, WG Ministerial Targets and individual pages for specific specialties such as Cardiac Surgery and Thoracic Surgery. Example below of the Cardiac Surgery Summary page for activity and waiting lists. This is an extremely helpful tool in being able to interrogate the data and understand the trends.



### **Commissioning Strategy**

As advised in the last meeting, a commissioning strategy is in the process of development. This will define the commissioning intentions for the short, medium to long term and will include: -

- **Fragile Services (Health Board or External Provider)**  
Identification of fragile services provided by Hywel Dda University Health Board or External Providers. Where service is unlikely to remain sustainable, proposed options (where possible) set out, to commission service from another Provider to promote sustainable services.
- **Repatriation of Services/Procedures (External Providers)**
  - Scope out opportunities to repatriate services/procedures etc. within Hywel Dda.
  - Review of low complexity work, that is undertaken outside of Hywel Dda. Assurance in place prior to any repatriation, to ensure local services are sustainable and affordable.
  - Review of current arrangements with further Health Boards to ascertain whether the requirement to commission with Health Board is still required, providing an opportunity to decommission smaller agreements.

## Argymhelliad / Recommendation

The Sustainable Resources Committee (SRC) is requested to discuss the content and note the mitigating actions detailed in the Healthcare Contracting and Commissioning Update report.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.3 Scrutinise the roll out of Value Based Health Care (VBHC) through outcome capability and costing assessment (PO 6B, 6D, 6E, 6F). 3.4 Scrutinise the delivery of the Health Board's approach to community wealth building and foundational economy opportunities (PO 6H). 3.7 Maintain oversight of, and obtaining assurances on, the robustness of key income sources and contractual safeguards. 3.8 Review major procurements and tenders, such as outsourcing, in relation to achieving Referral to Treatment targets. 3.9 Commission regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	3. Data to knowledge 4. Learning, improvement and research
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	4a Planned Care and Cancer Recovery 6b Pathways and Value Based Healthcare 6c Continuous engagement
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained within the report
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	A version of this report was shared with Quality, Safety and Experience Committee

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The financial implications are contained herein
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	Not Applicable
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable