

<b>Reference:</b>	FOI.20258.26
<b>Subject:</b>	Service Configuration, Governance and Strategic Priorities
<b>Date of Request:</b>	21 April 2026

**Requested:**

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

**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?
5. Are there any named clinical leads, programme leads or specialist roles associated with these service areas?
6. Have any new roles or groups been established in the past 18 months that influence pathway design or medicines decision-making?

**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.
8. Are any of these services currently subject to financial recovery, service sustainability review, or workforce mitigation activity?
9. Are national or regional policy initiatives currently influencing planning in these areas?

**Section 4: Respiratory Services**

10. Are respiratory services currently undergoing pathway review or service redesign (e.g. community respiratory, diagnostics, prevention, or virtual wards)?
11. Which respiratory disease areas are identified as priorities within current planning documents (if applicable)?

**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)?

**Response:**

Hywel Dda University Health Board (UHB) does not hold all the information requested as it does not provide transplant or rare diseases services.

However, whilst operating in accordance with the Section 45 Freedom of Information Code of Practice, the UHB has a duty to provide advice and assistance and provides the information it holds below.

1. The UHB confirms that there have not been any changes to the commissioning of services, during the 2024/25 and 2025/26 financial years.

However, during the 2024/25 financial year, the UHB did review its Operational Structure and created a Clinical Care Group (CCG) model. The UHB provides a copy of the CCG structure at, Attachment 1.

Additionally, as part of the UHB's A Healthier Mid and West Wales: Our future generations living well strategy the UHB is currently in the implementation phase of its Clinical Services Plan, where the UHB has taken decisions to change aspects of its service delivery for its nine (9) most fragile services. A link to the UHB's CSP has been provided below.

[Clinical services plan - Hywel Dda University Health Board](#)

2. The UHB works collaboratively with the NHS Blood and Transplant (NHSBT) service and NHS Wales Performance and Improvement (NWP&I) who retain responsibility for nationally commissioned rare disease and transplant services. For ease, links to the NHSBT and NWP&I websites, are provided below:

[Home - NHS Blood and Transplant](#)

[Rare Diseases - NHS Wales Performance and Improvement](#)

Respiratory services are provided by the UHB, except for those patients diagnosed with Motor Neurone Disease (MND). The UHB works collaboratively with the South Wales Motor Neurone Disease (MND) Care and Research Network and four (4) other Health Boards to provide services looking after people living with and affected by MND.

3. The UHB does not hold the requested information.
4. The Respiratory services medicines formulary decisions, pathways and guidelines are reviewed by the Medicines Formulary Governance Group and ratified by the Medicines Management Oversight Group.

The UHB does not have committees or groups for transplants and rare diseases, these services are managed nationally by NHSBT and NWP&I. However, the UHB does receive the Organ Donation Annual Report, which contains detailed transplant and donation data. The 2024/25 report was presented at the UHB's Board meeting on 29 January 2026, as agenda

item 15. For ease, a link to the January 2026 Board meeting webpage has been provided below.

[Board agenda and papers 29 January 2026 - Hywel Dda University Health Board](#)

5. The UHB's Respiratory clinical lead is Professor Keir Lewis, Consultant and Clinical Lead for Respiratory Medicine and the operational programme lead is Claire Hurlin, Strategic Head Community and Chronic Conditions.
6. The UHB has not established any new roles or groups that influence pathway design or medicines decision-making for Respiratory services, during the period 1 November 2024 to 30 April 2026.
7. The UHB's Workforce and Organisational Development team have highlighted Health Board wide risks, relating to an ageing workforce, ageing population and increased comorbidities that may affect respiratory services. Details are included within the Annual Plan 2026/27 which was presented at the UHB's Board meeting on 26 March 2026, as agenda item 8. For ease, a link to the March 2026 Board meeting webpage has been provided below.

[Board agenda and papers 26 March 2026 - Hywel Dda University Health Board](#)

8. The UHB does not hold the requested information for the named service areas. However, the UHB's Annual Plan 2026/27 provides details on cost saving measures, including the reduction of agency usage. Please see link provided in response to question 7.

Additionally, the UHB's previous annual reports can be accessed via the following link:

[Publications - Hywel Dda University Health Board](#)

9. The UHB does not hold the requested information.
10. The UHB is working with the National Respiratory Strategic Network within NWP&I on the redesign of several respiratory pathways on an All Wales basis. The respiratory pathways include Asthma, Chronic Obstructive Pulmonary Disease (COPD), Biologics in COPD, Bronchiectasis and Interstitial Lung Disease (ILD), along with the availability of lung function results being available on the Welsh Clinical Portal (WCP) system.

Additionally, work on a breathlessness pathway is being piloted in three (3) Welsh Health Boards with the intention of the UHB being included in the next wave.

11. The UHB does not hold the requested information as it does not have specific respiratory conditions being prioritised within planning documents. However, all long-term respiratory conditions are managed as a high priority to avoid unnecessary hospital admissions.

Additionally, the UHB and the Welsh Ambulance Services University NHS Trust (WAST) have undertaken a project assessing the effectiveness of including Community Respiratory Nurses within on call rotas, the UHB is currently awaiting receipt of the outcome data from WAST.

12. The UHB does not hold the requested information. Transplant services are managed by NHSBT, and Rare Diseases services are managed by NWP&I. Links to the relevant websites have been provided in response to question 2.

However, where a patient is unable to be treated locally, the UHB uses the Individual Patient Funding Request and Prior Approval processes to access commissioned services. Details are available on the UHB's website, a link to which is provided below:

[Individual patient funding requests - Hywel Dda University Health Board](#)