**Specialised Services Strategy Development**

**Key Stakeholder Survey**

Welsh Health Specialised Services (WHSSC) is writing a new 10 year strategy for specialised services for the residents of Wales and its responsible population.

Welsh Health Specialised Services Committee (WHSSC) is a Joint Committee of the seven Local Health Boards (LHBs) in Wales. The seven LHBs are responsible for meeting the health needs of their resident population, and have delegated the responsibility for commissioning a range of specialised services to WHSSC.  
  
The aim of developing a specialised services strategy is to ensure that residents in Wales can now, and in the future, receive equitable access to high quality specialised services, which are clinically effective, offer the best experience and clinical outcomes for patients and the population, and increase the value that is derived from the resources available.  
  
Specialised services generally have a higher unit cost as a result of the nature of the treatments involved and are provided to a smaller number of patients compared to routine services and treatments. They are a complex and costly element of patient care that covers conditions such as rare cancers, genetic disorders, severe mental health and complex medical and surgical disorders. The particular features of specialised services, such as the relatively small number of centres and the unpredictable nature of activity, require robust planning and assurance arrangements to be in place to make the best use of scarce resources and to reduce risk. It is critical that specialised services treat a certain number of patients per year in order to remain sustainable, viable and safe. This also ensures that care is both clinically and cost effective.

An overview of the services and treatments that are currently commissioned by WHSSC has been provided within the useful documents section of the webpage.   
  
Treatments have improved and there are an increasing numbers of treatment options available for patients with more advanced disease, all creating a growing demand for specialised services.   
  
Development of a specialised services strategy post COVID-19 now provides the opportunity to shape the direction to focus on recovery, value, and to exploit new technologies and innovative ways of working.  
  
Because of the pace of change in specialised services the strategy will require a review in 5 years to consider whether it remains fit for purpose for the following 5 year period.  
  
WHSSC is looking for your support in writing the plan by asking a number of questions that they would like your view on.  
  
All replies to these questions will be kept anonymous, but we will share the feedback received so people can see that WHSSC has listened to people’s views.

**Guidance for Completion**

Not all questions are relevant to all our stakeholders. If you feel a question is not directly relevant to you please complete the box with not applicable (N/A) and move on to the next question.    
  
Where questions **are** relevant to you, please provide as much information in your response as possible.

This survey may take up to an hour to complete if all questions are relevant to you. A hard copy of the survey has been provided which you may wish to use to help form your responses before completing the survey online. You may also wish to refer to the list of WHSSC commissioned services to acquaint yourself with our portfolio before you start.

Please be aware that there is no ‘save and return’ option so you will need to start and complete the survey in one setting.

Section 1. Information about you.

1. Are you responding on behalf of a group/organisation or as an individual?

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| --- | --- |
|  | Group/Organisation (answer questions 2 – 4) |
|  | Individual (answer questions 5 – 12) |

1. What is the name of your group or organisation?

|  |  |
| --- | --- |
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1. What area does your group or organisation come under?

|  |  |
| --- | --- |
|  | Betsi Cadwaladr University Health Board |
|  | Powys Teaching Health Board |
|  | Hywel Dda University Health Board |
|  | Swansea Bay University Health Board |
|  | Cwm Taf Morgannwg University Health Board |
|  | Cardiff & Vale University Health Board |
|  | Aneurin Bevan University Health Board |
|  | National/All Wales |
|  | NHS England |
|  | Other |

1. If other, please state?

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| --- | --- |
|  |  |

1. What is your age?

|  |  |
| --- | --- |
|  | Under 16 |
|  | 16 – 18 |
|  | 19 – 49 |
|  | 50 – 69 |
|  | 70+ |
|  | Prefer not to say |

1. What is your gender?

|  |  |
| --- | --- |
|  | Female |
|  | Male |
|  | Non-binary |
|  | Prefer not to say |

1. How would you describe your national identity?

|  |  |
| --- | --- |
|  | Welsh |
|  | English |
|  | Scottish |
|  | Northern Ireland |
|  | British |
|  | Other |
|  | Prefer not to say |

1. If other, please state?

|  |  |
| --- | --- |
|  |  |

1. How would you describe your ethnic group?

|  |  |
| --- | --- |
|  | White |
|  | Mixed or multiple ethnic groups |
|  | Asian, Asian Welsh, Asian British |
|  | Black, Black Welsh, Black British, Caribbean or African |
|  | Other Prefer not to say |

1. If other, please state?

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| --- | --- |
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1. What Health Board area to you come under?

|  |  |
| --- | --- |
|  | Betsi Cadwaladr University Health Board |
|  | Powys Teaching Health Board |
|  | Hywel Dda University Health Board |
|  | Swansea Bay University Health Board |
|  | Cwm Taf Morgannwg University Health Board |
|  | Cardiff & Vale University Health Board |
|  | Aneurin Bevan University Health Board |
|  | NHS England |
|  | Other |

1. If other, please state?

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| --- | --- |
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Section 2. What?

The next set of questions set out WHSSCs strategic ambition for specialised services and how it can offer the greatest value to NHS Wales.

WHSSC was established in 2010 to commission specialised services on behalf of the seven health boards because it was considered more effective for high cost services required by relatively small numbers of patients to be commissioned on a Wales’ wide basis (Once for Wales) rather than by individual health boards. The core portfolio has remained largely unchanged since then apart from the addition of some new services. To help us ensure we deliver the best value to the NHS in Wales and we have responsibility for the “right” portfolio it would help us to understand you views on the following questions:

1. Are there any features, other than cost and numbers of patients, which mean a specialised service would benefit from commissioning by WHSSC?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. What other features would these be?

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| --- |
|  |

1. Do you think there should be specific minimum costs and case numbers in place?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. What specific minimum costs and case numbers should these be?

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1. Are there any other **types or groups** of specialised services which would benefit from being commissioned by WHSSC? As an example, a type or group might be a whole speciality such as all cancer services.

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1. Are there any other **individual** specialised services which would benefit from being commissioned by WHSSC? As an example, an individual service might be a sub-speciality or a particular intervention such as bone cancer or proton beam therapy.

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1. Are there any other **types or groups** of specialised services which no longer benefit from being commissioned by WHSSC?

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1. Are there any other **individual** specialised services which no longer benefit from being commissioned by WHSSC?

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1. Are there any services or interventions that would never be appropriate for WHSSC to commission or have a role in their planning?

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WHSSCs role in commissioning specialised services means that we can identify differences within patient pathways in primary and secondary care. One example would be the numbers of patients receiving heart surgery. There are significant differences between health boards and indeed between local authority areas within health boards in the numbers of patients who get a heart operation. Another example would be access to Medium Secure Mental Health Beds where again there is variation between health boards. These variations can arise from differences in the health needs of that population and demographics such as poverty levels, age, ethnicity etc., differences in patients’ behaviours in seeking out health care as well as the different services provided by health boards so are usually outside WHSSCs commissioning responsibility. It is important for us to know what our stakeholders expect of the specialised services commissioner in this setting.

1. What do you think is our role in influencing or changing the pathways in non-WHSSC commissioned services?

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1. What do you think is our role when we can see variation in access rates i.e. low access rates or very high access rates?

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In some of our services, we commission from more than one provider organisation. An example would be paediatric surgery where our main providers are Cardiff and Vale University Health Board for patients from south Wales, and south Powys and Alderhey Children’s hospital for patients from north Wales and north Powys. If there are problems with the quality of the service or the waiting times at one of our providers what would you expect from us?

1. Should we offer the opportunity to patients to receive care from alternative providers in all situations?

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| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. Are there particular circumstances where we offer the opportunity to patients to receive care from alternative providers?

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| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. What particular circumstances would these be?

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1. If there are quality issues or issues with waiting times should we consider use of non-NHS providers, including private providers and not for profit providers?

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| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. Are there specific circumstances where we should consider the use of private providers and not for profit providers?

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| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. What specific circumstances would these be?

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In some of our services we commission from more than one provider organisation within Wales. An example would be Interventional Cardiology which offers services such as cardiac stenting and insertion of replacement heart valves through the groin. If there is insufficient capacity in one unit and waiting times are longer in one unit than the other what would you expect from us?

1. Should we offer the opportunity to patients to receive care from alternative providers?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. Are there particular circumstances where we offer the opportunity to patients to receive care from alternative providers?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. What particular circumstances would these be?

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1. Should we expect providers to look at opportunities to share capacity, including physical capacity and workforce?

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| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. In what circumstances do you think that sharing capacity would be an option?

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Sometimes our providers do not see as many patients as we need them to, which creates waiting lists or other indicators of poor performance such as very long lengths of stay. When this happens we ask them to create an action plan to show how they are going to improve, which we then monitor with them. In circumstances where there is not improvement we use our Escalation Process which means we increase the level of monitoring either through the frequency of meetings or by meeting with more senior members of the Health Board or Trust. There is an adverse reputational impact for a service when it is put into Escalation. If we fail to get improvement after all this we have the option of transferring patients elsewhere or changing provider. In specialised services the number of potential providers is often limited which restricts our options. Currently, we do not use direct financial penalties although we may hold back further investment.

1. Are there other incentives or penalties we should consider when we have poor performance?

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|  | Yes |
|  | No |
|  | Don’t Know |

1. What incentives or penalties might these be?

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WHSSC commissions specialised services on behalf of Health Boards and reports to Health Boards via a board known as the WHSSC Joint Committee. The Health Board where a patients lives remain legally responsible for their patient’s care even when they are in a WHSSC commissioned service. It is therefore important that WHSSC can provide assurance to Health Boards regarding these services. We do this through the Joint Committee and through our Quality and Patient Safety Committee (QPSC) which is made up of independent members of each of the Health Boards. Our QPSC Chair sends reports to the Chairs of HB QPSCs. The WHSSC quality team also meets regularly with quality teams in HBs.

1. Do you think these processes provide sufficient assurance to HBs?

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|  | Yes |
|  | No |
|  | Don’t Know |

1. What additional reporting or processes could be considered?

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In May 2022, the Minister for Health and Social Services announced the establishment of an NHS Executive. The NHS Executive will comprise a small strengthened senior team within Welsh Government, bolstered and complemented by the bringing together of existing expertise and capacity from national bodies within the NHS, which will operate under a direct mandate Welsh Government.

1. Do you have any views on the potential impact of the NHS Executive on WHSSCs role and functions?

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In March 2021, the Minister for Health and Social Services announced the establishment of a National Clinical Framework which sets out a new model of planning and delivery for clinical services. Over time the NHS Executive will incorporate the existing national networks, programmes and support units and will use these components to direct, support and enable the NHS in Wales to transform clinical services in line with national priorities.

1. Do you have any views on the potential impact of the NHS Clinical framework on WHSSCs role and functions?

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The NHS in England is undergoing a major restructuring exercise with the introduction of 42 Integrated Care Boards. We are aware this will create a different set of interfaces with which WHSSC will need to work and we are meeting with colleagues from the different regions in England responsible for commissioning specialised services at the moment.

1. Are there any opportunities or threats you think we should be aware of related to this change?

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WHSSC is one of only two all Wales commissioning organisations, the other being the Emergency Ambulance Services Committee (EASC) with responsibility for planning and securing sufficient ambulance services for the population of Wales. Over many years, WHSSC has built up significant expertise in commissioning, as well as strategic service development. In addition because approximately 1/3 of the budget is spent in England we have strong links with the NHS in the rest of the UK as well as links with private providers particularly in mental health services. Working in WHSSC therefore offers access to a range of professional development opportunities.

1. Should WHSSC aim to develop specific professional development opportunities for staff in the NHS in Wales?

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| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. Are there particular opportunities which you think would be of value?

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|  | Yes |
|  | No |
|  | Don’t Know |

1. What particular opportunities might these be?

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Section 3. Where?

The next set of questions relate to both the location of providers and the models of care delivered.

WHSSC’s intention is to commission specialised services from providers within Wales where possible but without compromising on quality, safety, effectiveness, sustainability and value for money, recognising the natural patient flows for North and Mid Wales.

1. Are there circumstances where we should choose to commission services from Wales where they do not meet these criteria?

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| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. What circumstances would these be?

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Specialised services by their nature are commissioned for patients from a large geographical area. The development of some services therefore requires strategic partnerships with NHS England. An example is the current work with the North West Region of the NHS in England to develop a Mother and Baby Unit. This partnership has meant the unit, which belongs to NHS England, will be developed close to the Welsh border, include Welsh stakeholders in its development and is based on a population size which means it is sustainable.

1. Can you think of any situations where we would **not** want to develop a cross border strategic partnership?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. What situations would these be?

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We currently have a number of services particularly in south Wales where the units are very small and therefore difficult to sustain. For example some of our specialist children’s services have only 2 consultants working in them. This means that in the event of sickness we might no longer be able to offer a service and or be able to provide urgent specialist access. A way of strengthening services therefore would be to try to pro-actively develop networks with regions in NHS England. This might mean that sometimes patients have to go to England for their care or, as is increasingly the case, they might see a nurse or doctor or dietician via video link.

1. Are there circumstances where we should not pro-actively seek to develop cross border network arrangements?

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| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. What circumstances would these be?

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Typically specialised services are centralised in a small number of centres often great distances from the patents’ homes, however, innovation in the pandemic and the evolution of digital systems has meant that there are radically new models of patient care available. For many, although not all, of our patients this has improved or increased access to specialist care. One example is our Gender Identity Service which was able to reduce waiting times during the pandemic through the use of virtual clinics with very positive patient reported experience. Currently we include in our Service Level Agreements an expectation that digital systems should be developed. We also run Innovation and Improvement days where we bring our different providers together to share performance and good practice on a specialty basis however this is not possible for all our specialist services.

1. As part of our drive to deliver care closer to home should we be more proactive in driving digital and service innovation?

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| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. What incentives do you think we could use to drive innovation?

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The Foundational Economy in Health and Social Care Strategy was developed in March 2021. This is a key policy direction for NHS Wales’s investment and ensures that the Welsh NHS spends its money wherever possible within the Welsh economy. Examples where WHSSC is pro-actively supporting this agenda is work with Betsi Cadwaladr University Health Board to develop opportunities for the repatriation of services from England and the programme business case development for the implementation of an all Wales capital investment for new fixed site PET-CT scanners. The latter development includes the research and development arm of Cardiff University which is currently the provider for PET-CT scans in south Wales.

1. Are there any other opportunities for WHSSC to support this policy direction?

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| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. What other opportunities might these be?

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Section 4. How?

This section sets out the specific activities that the WHSS Team undertakes to deliver ‘*equitable access to safe, effective and sustainable services for the people of Wales, as close to home as possible within available resources*’. It seeks to understand your views on synergies with other NHS organisations in Wales and the UK and understand how we can most effectively play our part in an integrated health system.

WHSSC is a national commissioner with a significant part of its commissioned activity delivered outside Wales. To help drive improved performance WHSSC has invested in and strengthened quality and information systems working wherever possible on UK wide platforms and registries, using real time reporting and benchmarking.

1. Are there any partnerships that WHSSC should develop to strengthen its capacity and capability in this area?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. What partnerships would these be?

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1. What other tools can WHSSC use to measure the wider value of a service to inform future commissioning?

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WHSSC has committed to embedding outcome evaluation and outcome based commissioning into specialised services. It is important to understand however, that as a commissioner of only one part of the patient pathway, the options for using outcomes and increasing value are different to those with health boards. For example, WHSSC commissions’ in-patient Children and Adolescent Mental Health Services (Tier 4 CAMHS) however, the numbers of patients referred into the service and the length of time children stay in the service varies between health boards. There is some evidence that this variation is related to differences in services within health boards. WHSSC however does not commission the health board services and therefore cannot, for example, increase investment in secondary care CAMHS (Tiers 2 and 3) to potentially avoid admissions into Tier 4 services.

1. Given the limitations outlined above, what opportunities are available to WHSSC to drive value from the patient pathway or use outcome data to drive continuous improvement?

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WHSSC now has good quality data in many specialty areas on access rates to specialist services. These data are shared on an ad hoc basis with the boards of health boards and staff from commissioning teams within health boards have direct access to the Power BI system which holds the data. It is important to WHSSC use these data to drive equitable access to services and to ensure it can meet its socio-economic duty.

1. What other mechanism could WHSSC use to raise awareness of access rates within HBs and drive improved access where appropriate?

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The first step in commissioning of effective services is to understand population need. WHSSC identified a number of years ago that it needed to strengthen its capacity to do this work but has struggled to recruit into these roles, this situation worsened during the pandemic.

1. Should health boards, as part of their own population needs analysis, do this work on behalf of WHSSC?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. Are there any other NHS organisations or non-NHS organisations who could undertake this work on behalf of WHSSC?

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. What organisations might these be?

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| --- |
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WHSSC has expertise in horizon scanning and evidence evaluation and uses this expertise to collate information and evidence from a variety of sources. This ensures that our services are under-pinned by research, knowledge and information, whilst embracing and promoting new therapeutic, technological and digital innovations to drive value from specialised services. It is key to informing our prioritisation process for introducing new interventions in Wales.

1. Does this approach adequately meet the needs of NHS Wales and if not what additional approaches should we take?

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WHSSC must ensure that new investment decisions are affordable, offer value for money and are supported by convincing evidence of safety and effectiveness. WHSSC runs annual prioritisation processes to determine the relative prioritisation of new interventions and service developments within specialised services. The process is facilitated by the WHSSC Prioritisation Panel and Clinical Impact Assessment Group (CIAG) and their recommendations (or priorities) are subsequently presented to the WHSSC Joint Committee for consideration. New WHSSC services or service developments need to be prioritised against the competing priorities of health board services and therefore not all are able to be funded and subsequently included within the WHSSC Integrated Commissioning Plan.

1. Do you have experience of any of these process?

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| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. Does this process work effectively to ensure only the most evidence based services are prioritised for funding?

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| --- | --- |
|  | Yes |
|  | No |
|  | Don’t Know |

1. Are there any additional approaches or prioritisation processes that we could take?

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Section 5. Final Comments.

Thank you for your time in completing this survey. Your feedback will be used to support the development of a ten year strategy for specialised services.

Please use the box below to provide any further comments or feedback you may have.

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