

PWYLLGOR CYLLID FINANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 November 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value Based Health Care
CYFARWYDDWR ARWEINIOL: LEAD DIRECTORS:	Dr Philip Kloer, Medical Director/Deputy Chief Executive Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Leighton Phillips, Deputy Director of Research & Innovation

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

This report provides the context to a presentation which will be made to the Finance Committee on 30th November 2020 regarding Hywel Dda University Health Board's (HDdUHB's) Value Based Healthcare (VBHC) Programme.

Cefndir / Background

Over the past 18 months, HDdUHB has been developing and implementing a VBHC programme.

VBHC is based upon ensuring that the HB's decisions and resource investments are always grounded in a true understanding of what matters to patients. There is an extensive literature on VBHC, which is not repeated here, and several Welsh Government policy imperatives and investments geared towards its implementation. It is one of the most important system drivers currently advocated and features heavily within the University Health Board's strategic planning objectives.

Very practically, the VBHC Team in HDdUHB is working with operational and clinical colleagues to:

Make it easier to routinely capture Patient Reported Outcomes Measures (PROMs) and to visualise those outcomes in information systems, guiding day-to-day decisions about treatment and care and enabling a consistent focus on what matters to patients. Specifically a system called DrDoctor is being utilised to achieve this ambition;

- Make sense of information provided by the outcomes about the way in which care and support is being delivered and where it might be improved. This will sometimes be through pathway re-design, notwithstanding the possibility that the most significant changes result from the thousands of decisions made between patients and clinicians on a daily basis. The VBHC Team is also working closely with the Finance Directorate

to develop the use of costing techniques to understand how resources can be better utilised to optimise outcomes;

- Make it easier to correspond digitally with patients, in the context of the Digital Strategy, whether this is in the arrangement of appointments, issue of appointment reminders, or conducting digital assessments online;

Improve knowledge of how to apply VBHC in practice. HDdUHB is among the first organisations to run a dedicated 'case-based' education programme in partnership with academia, and with international reach, recognising that the application of VBHC is not merely a technical challenge, but requires people who believe in the concept and feel equipped to make it happen.

The VBHC programme is currently supporting outcome capture and costing in Cardiology, Ophthalmology and Trauma & Orthopaedics. Some early findings are starting to emerge and will be shared with the Finance Committee in a future meeting. There is a significant plan for roll-out across all service areas, and some novel emergent partnerships in the community, which are described within the assessment section. The first education programme is just about to conclude, resulting in a pool of staff fully equipped to apply value in their areas.

It is hoped, based on the experience of other healthcare systems, that the benefits of progressing this programme will include:

- A measurable improvement in the outcomes and experience of the HB's patients, evidenced by the PROMs captured on a routine basis (eventually across all HB areas);
- Better management of the demand for services, with prioritisation based on need rather than sole focus on the length of time someone has been on a waiting list;
- Improved quality and safety management, with HB systems informed through an ongoing understanding of what matters to patients;
- Resource investment decisions increasingly guided by what matters to patients, with proven improved utilisation; and
- Improved communication, with routine and structured discussions with patients guided by what matters to them.

Asesiad / Assessment

HDdUHB will roll out VBHC over a 2.5 year period, with early priority areas including:

- Older People/ Care Homes
- Stroke and Transient Ischaemic Attack
- Paediatrics
- Cataracts
- Glaucoma
- Low Vision Service
- Diabetes
- Asthma
- Chronic Obstetric Pulmonary Disorder
- Pain Service
- Colorectal Cancer
- Mental Health/ Learning Disability
- Atrial Fibrillation
- Acute Coronary Syndrome
- Inflammatory Bowel Disease
- Dermatology
- Ear Nose and Throat
- Maternity Services
- Ambulatory Care
- Osteoporosis
- Dietetics

1. To enable the rollout, HDdUHB has:

- Entered a 2.5 year technology partnership with a company called DrDoctor, which provides a digital system to capture what matters to patients in both clinical and home settings. The software will also allow HDdUHB to shift towards digital correspondence, while also ensuring that those who are unable or unwilling to correspond digitally are still able to communicate what matters to them on a routine basis;
- Strengthened the delivery team to ensure the progressive roll-out of VBHC, including the clinical, informatics, programme management, and the financial leadership needed to advance the programme at pace. This includes making VBHC the unifying thread through the Transforming Clinical Services strategy;
- Started work within informatics to support the real time visualisation of PROM information, supporting better decision-making at the point required;
- Ensured a high level of executive oversight for the programme, with a dedicated Strategic Enabling Group attended by leading key enablers; and
- Continued investment in HDdUHB's staff's ability to apply VBHC in practice through the continuation of the HB's novel VBHC case-based educational programme.

The true test of the VBHC programme will be in whether the benefits listed on page 2 of this report are delivered, and the Finance Committee will receive regular updates regarding the HB's journey to become an organisation defined by VBHC.

Argymhelliad / Recommendation

It is recommended that the Finance Committee takes assurance from this paper and offers comments to help inform the programme design to optimise its probability of success.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.5.11 Reviewing the financial aspects of the Estates, medical devices and IM&T strategy, ensuring: <ul style="list-style-type: none"> • Appropriate funding arrangements are in place; and the • Appropriate utilisation of the strategy.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply All Health & Care Standards Apply All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 4. Improve the productivity and quality of
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 4. Improve Population Health through prevention and early

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termiau: Glossary of Terms:	Terms are explained in the main body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cyllid: Parties / Committees consulted prior to Finance Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	A VBHC Integrated Impact Assessment has been completed.
Ansawdd / Gofal Claf: Quality / Patient Care:	No adverse quality and/or patient care outcomes/impacts.
Gweithlu: Workforce:	No adverse existing or future staffing impacts.
Risg: Risk:	e.g. risks identified and plans to mitigate risks: (if yes, please complete relevant section of the integrated impact assessment template available via the link below) http://howis.wales.nhs.uk/sitesplus/862/opendoc/453906
Cyfreithiol: Legal:	No legal impacts or likelihood of legal challenge.
Enw Da: Reputational:	No likelihood of adverse political or media interest or public opposition.
Gyfrinachedd: Privacy:	Privacy Impact Assessments completed for individual project areas undertaken.
Cydraddoldeb: Equality:	Equality Impact Assessment to be undertaken