

**PWYLLGOR ADNODDAU CYNALIADWY  
STRATEGY AND PLANNING COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	24 April 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Value Based Health Care
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mr. Mark Henwood – Interim Medical Director
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Professor Leighton Phillips, Director of Research, Innovation and Value

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

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This report is being presented to the Strategy and Planning Committee to provide an update on the work of the Value Based Health Care (VBHC) Programme.

The Strategy and Planning Committee is asked to review the progress that has been made, and to take assurance from this report.

**Cefndir / Background**

VBHC is an international movement started by Professor Michael Porter in 2006, designed to shift the way healthcare systems are planned, managed and delivered to focus on health outcomes.

The VBHC programme was set up in 2019 to enable HDdUHB to identify and invest its resources in the delivery of care and services that deliver outcomes that matter most to its population. This is achieved through supporting service areas to collect and analyse Patient Reported Outcome Measurements (PROMs) and invest in service models proven to deliver high value, disinvesting in low value activities.

The current programme is driven by local needs and strategic plans and national drivers.

**Local Strategic Plan**

Set against the 'A Healthier Mid and West Wales Strategy,' in 2022, Hywel Dda University Health Board (HDdUHB) committed to a strategic plan for VBHC with a vision to ensure the equitable, sustainable, and transparent use of available resources to achieve better outcomes and experiences for every individual. Specifically, the plan committed to:

- Invest in the systems and processes to enable staff to routinely use patient reported outcomes and resource utilisation data in planning, organising and delivering healthcare.
- Developing the knowledge and skills of staff to put the theory of VBHC into practice.

- Establish partnerships to understand how to optimise the wider societal benefits of adopting a VBHC approach and accelerate the innovations with demonstrable potential to securing them.

Substantial progress has been made against all the goals. Some notable achievements have included:

- Investment in systems and processes to routinely capture Patient Reported Outcome Measures, culminating in the Health Board becoming the largest numerical collector of PROM data on the DrDoctor platform in the UK.
- Establishment of a VBHC Delivery Fund, which is responsible for the investment of approximately £1m per annum on value driven projects aimed at demonstrating novel approaches to the delivery of improved services.
- Investing in the capability and capacity of our workforce through bespoke VBHC education offerings and by partnering with the Value Based Health and Care Academy at Swansea University. Through these programmes, we have trained over 200 staff in the theory and practical application of Value Based Health Care.

### National drivers

HDdUHB receives c.£1.7m pa from the Welsh Government to invest in its VBHC programme and is held to account through the National Value and Sustainability Board. Currently, the Board has identified five national high value, high impact areas that it wishes to see Health Boards advance:

- Diabetes.
- Bone Health.
- Trauma & Orthopaedics - Hips and Knees.
- Trauma & Orthopaedics - Shoulders and Elbows.
- Cardiovascular Disease - Heart Failure.

In advancing work in these areas, the National Value and Sustainability Board, encourages work in the following domains:



The work of the Welsh Government policy and service specification ‘Promote, prevent and prepare for planned care’, more commonly referred to as the 3Ps, is becoming increasingly relevant in the delivery of higher value interventions. Much of this work occurs at an earlier stage in the patient pathway, and seeks to improve outcomes, obviate the need for some interventions and use scarce healthcare resources more effectively. These ‘upstream’ objectives are contextualised by the predicted resource demands of an ageing population, who are likely to present with significantly more diseases of ageing and multiple co-morbidities. Nationally, there is a requirement to share summary PROM data, to enable the comparison and benchmarking of different populations throughout Wales. In order to achieve this goal a national PROM Standardised Operating Model (PSOM) has been developed and system suppliers were invited to tender for a national framework contract to collect, visualise and share PROM data. Five suppliers were successfully added to the national framework and a group of four Health Boards undertook a local evaluation, resulting in an award to Promptly Health as the new digital PROM solution provider.

## **HDdUHB VBHC Programme**

The current VBHC programme is structured into five areas:

1. Enabling services to implement VBHC. This includes the National Pathways and areas determined through local plans and covers a range of activities, from PROM capture and analysis, pathway mapping, business case and plan development to independent evaluation of the impact of new ways of working.
2. Making focused investments in High Value activities. This relates to the enabling work but also encompasses 'one off' trialling of activities.
3. Investing in systems and processes. PROM and financial analysis provide fundamental nourishment for the programme activities. There is an ongoing system development and administration overhead that must be met.
4. Through the Rapid Value Programme, identification and removal of low value activity that does not contribute to improved patient outcomes.
5. Action learning. Strategic partnership and collaboration with the Value Based Health and Care Academy at Swansea University to address the development of value-driven business cases, practical steps to address regional value based procurement, and clinical engagement with value based approaches to Health Care.

The assessment section provides the latest position against each of these programmatic activities:

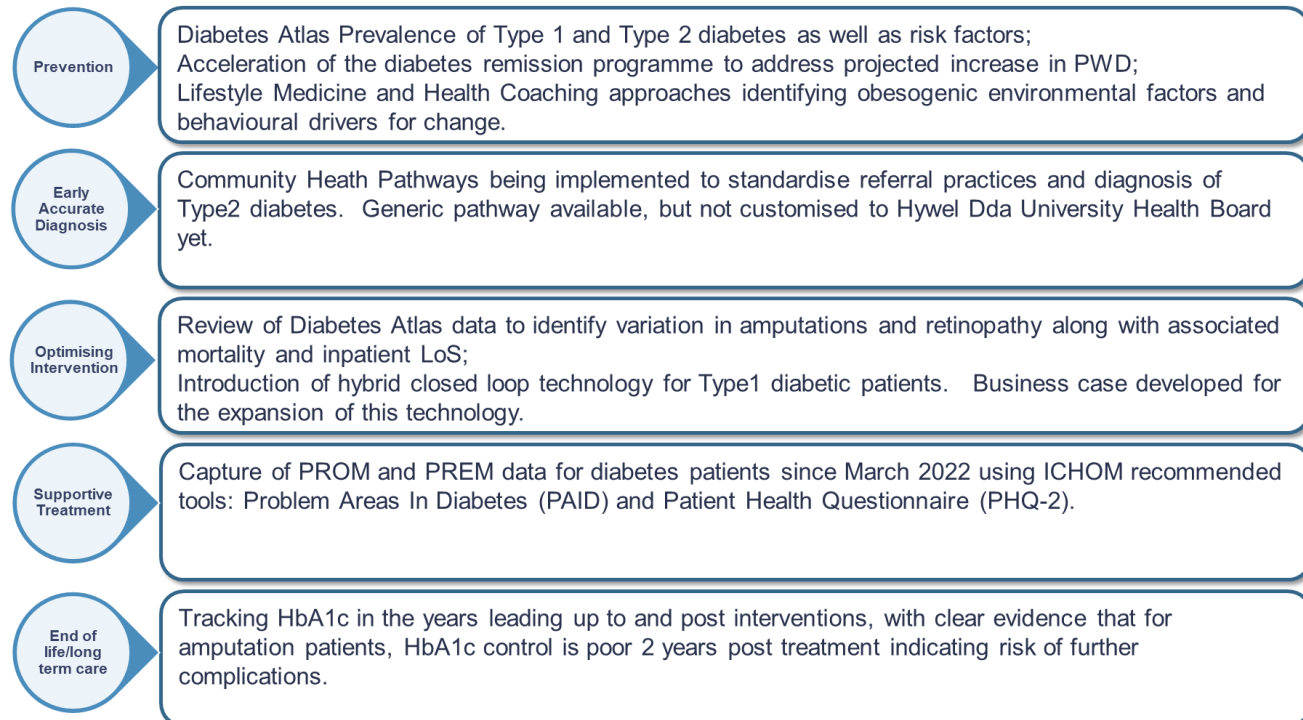
## **Asesiad / Assessment**

### **1. Enabling Services to Implement VBHC**

#### **1.1 National High Value, High Impact Pathways**

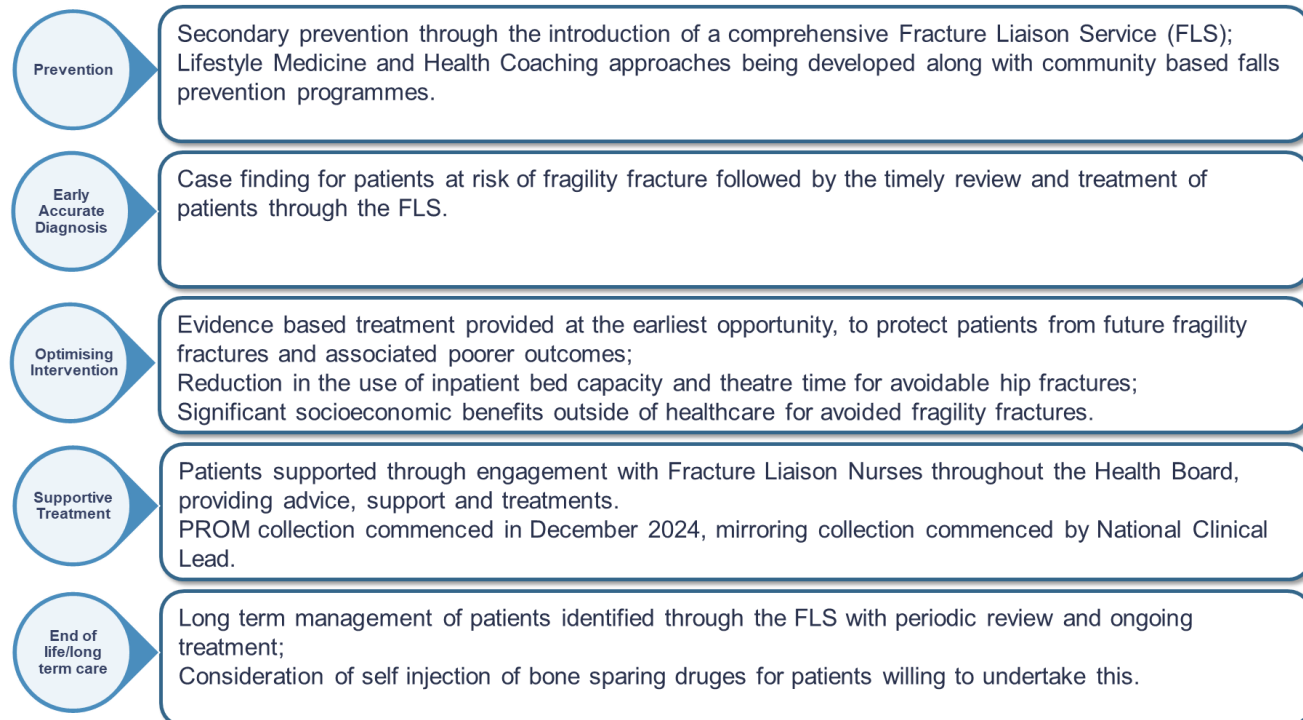
The HDdUHB VBHC Team have worked with service teams to consider the interventions and developments at all stages of the patient pathway through the lens of Value for each of the nationally approved High Value, High Impact pathways. Included below is a summary of the work undertaken to date in each pathway:

## Diabetes



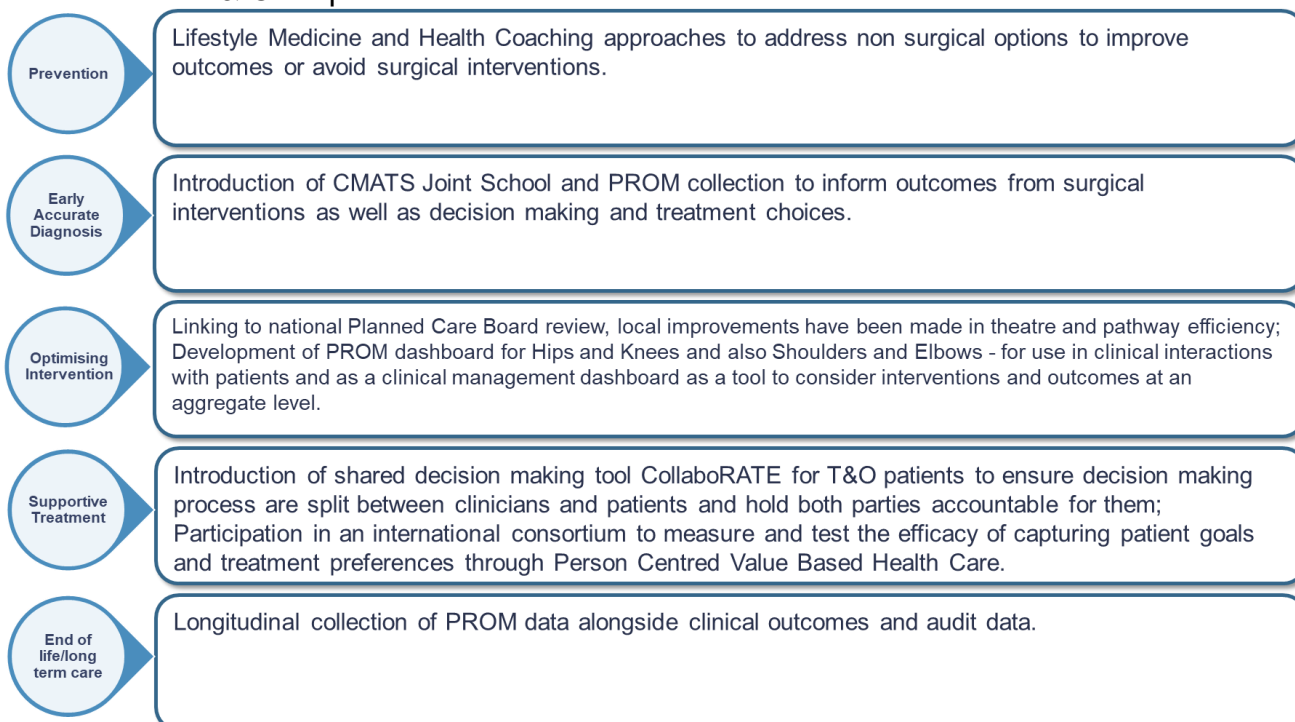
PROM data - 7,105 collections

- **Bone Health**



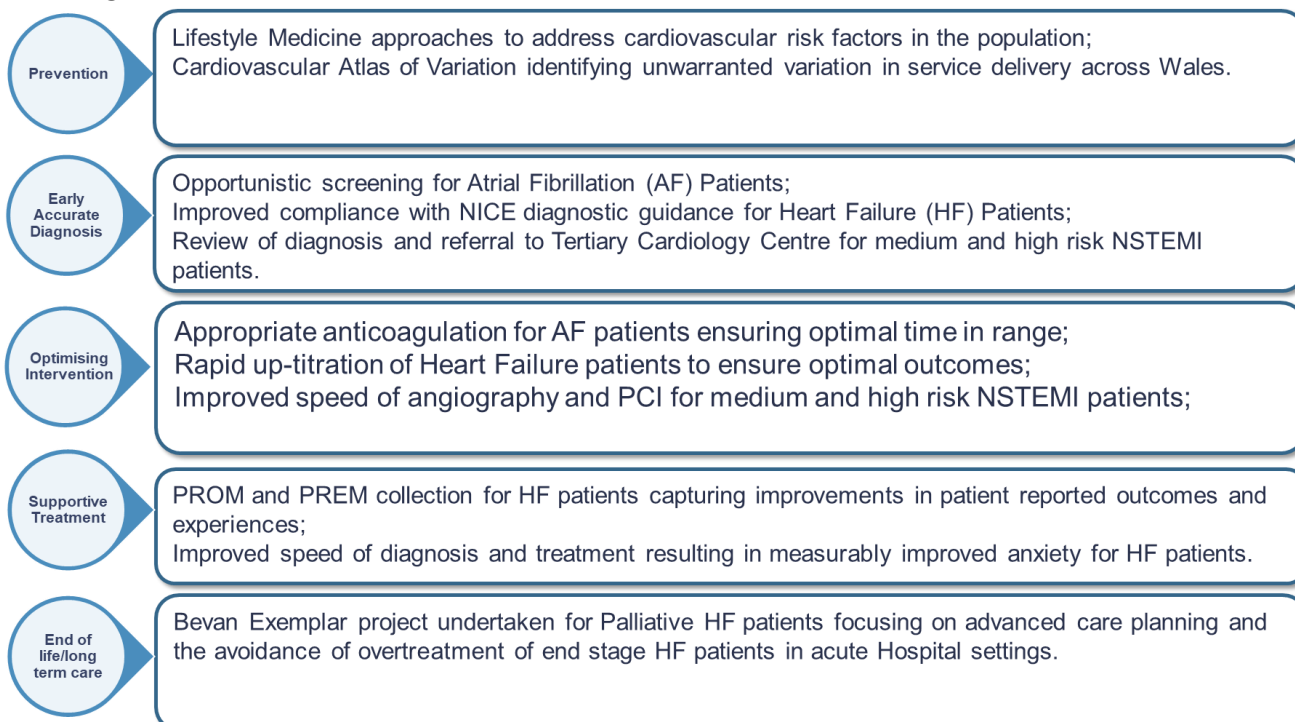
PROM data - 641 collections

- **Trauma & Orthopaedics**



PROM data - 11,504 collections

- **Cardiovascular Disease**



PROM data - 10,975 collections

## 1.2 Local High Value Pathways

A further two service areas have been identified locally for prioritisation, these are:

- Respiratory Disease:
  - Asthma
  - Chronic obstructive pulmonary disease (COPD)
  - Obstructive Sleep Apnoea
- End of Life Pathway

### **Additional Pathways**

In addition to the national and local priority areas and projects that are supported through the VBHC Delivery Fund, the HDdUHB VBHC are also working and actively collecting PROM data in the following service areas:

- Mental Health Services
- Stroke
- Cancer Prehabilitation
- Endometriosis
- Perimenopause
- Chronic Pain BPS
- Urology Trial Without Catheter (TWOCC)
- Bowel and Bladder Service
- Colorectal Cancer
- Lung Cancer
- Musculoskeletal (MSK) Physiotherapy
- Irritable Bowel Syndrome (IBS)
- Inflammatory bowel disease (IBD)
- Long COVID
- Specialist Weight Management Service
- Ophthalmology Age-related Macular Degeneration (AMD)
- Clinical Musculoskeletal Assessment and Treatment Service (CMATS)
- Chronic Pain Medical
- Bronchiectasis

## **2. Making Investments in High Value Activities**

Through Welsh Government funding, the HDdUHB VBHC Team have provided resources to support the following projects:

- **Atrial Fibrillation (AF)** – opportunistic AF screening in Podiatry Clinics
- **Lymphoedema** – ongoing support for national team and avoidance of disease progression
- **Heart Failure** – one stop diagnostic clinics and improved compliance with National Institute for Health and Care Excellence (NICE) guidelines
- **Fracture Liaison Service (FLS)** – funding to implement FLS across the Health Board
- **Acute Kidney Injury (AKI)** – introduction of novel AKI nurse role to better manage AKI
- **Vascular Podiatry** – novel approach to treatment within HDdUHB using better staff mix
- **Virtual Reality (VR)** – use of VR headsets to manage palliative care patients
- **Diabetes Remission Service** – improved access to diabetes remission service
- **Lifestyle Medicine** support and evaluation – demonstrating the impact of prevention
- **Obstructive Sleep Apnoea** patients remotely monitored and managed through the procurement and distribution of modems for Continuous Positive Airway Pressure (CPAP) machines.

## **3. Investing in Systems and Processes**

### **Digital PROM Solution**

Following a procurement off the national framework, HDdUHB were the first Health Board to implement the Promptly Health initiative and undertook an ambitious implementation plan that transitioned all of the existing PROM collections across. As part of this, over 200 staff were trained on the new platform. PROM data is being provided to the National Data Resource and patient level visualisation of PROM data is now available within the Promptly platform for all service areas that collect PROMs.

Further work is required by Digital Health and Care Wales (DHCW) to ensure that national systems are fully integrated, enabling PROM collections to be triggered at all points in the pathway (currently limited to outpatient activity) and patient level visualisations to be available in Welsh Clinical Portal alongside pathology results, radiology investigations and clinic letters.

#### **4. Stopping known Low Value activities**

##### **Rapid Value Programme**

Alongside the core VBHC Programme, HDdUHB has initiated a Rapid Value Programme. This work is founded on the principles of Lean and focuses on the identification and elimination of waste in pathways where it does not add to the achievement of better outcomes for patients. The Rapid Value Programme works in 90-day sprint cycles with approximately 10 projects per sprint. The current work programme for the Rapid Value Programme includes the following:

- Biosimilar switch
- Nitrous oxide usage
- Palliative Care review
- Pathology Faecal Immunochemical Test (FIT) testing and d-dimer
- Maternity services review
- Women and Children (W&CH) Health neurodevelopment review
- W&CH Psychology and intervention
- Withybush Hospital (WGH) Medical Day Unit review
- Childrens continence service
- Stroke Early Supported Discharge (ESD) service review
- Mental Health service review
- Electronic Prescribing and Medicines Administration (EPMA) evaluation
- Porth Preseli implementation and evaluation

#### **5. Delivery VBHC Action Learning**

In order to support some of these approaches, it is also suggested that a collaborative arrangement with Swansea University VBHC Academy could enable more nuanced approaches to the development of Value driven business cases, enable regional Value based procurement to be undertaken and to provide small digestible educational offerings on key aspects of Value.

#### **6. Plans**

Looking ahead, the VBHC Team will now work to update and refocus the strategy document 'Our Approach to Value Based Health Care 2022-2025' with a revised plan that will be based upon the routine use of PROM data at the patient, cohort and population level and the changes that this enables. Additionally, the plan and goals will reflect the national and local objectives of evidencing the impact of preventative approaches using health coaching and lifestyle medicine approaches. A revised strategic plan will be presented to the Committee after December 2025 with a view to approving for publication in March 2026.

In developing the new plan, some key themes and opportunities have emerged:

Preventative

- Lifestyle Medicine/Health Coaching
- Development of wellness app
- Community based health check/screening
- Community based falls prevention programmes

#### Interventional

- Acceleration of diabetes remission programmes
- Improved access to closed loop glucose monitoring for eligible patients
- Remote monitoring of obstructive sleep apnoea
- Perioperative review of surgical patients
- Use of Virtual Reality (VR) technologies in palliative care, Intensive care Unit (ICU) and older adult mental health (MH) settings
- Improved access to Arts in Health
- Acceleration of Women’s Health Psychology

#### Flow

- Wider rollout of Same Day Emergency Care (SDEC)/ Same Day Urgent Care (SDUC) models
- Central Allocation Team for Care and Health (CATCH) Team
- Hospital at Home
- Alternative approaches to Medically Fit for Discharge patients

### 7. Challenges

The challenges to enacting the VBHC strategic plan are primarily centred around the integration of national systems with the widely adopted PROM solution, Promptly Health. This issue means that PROM collections are limited to automatic collection through outpatient activity and cannot be triggered in primary or community care. Furthermore, the PROM data is only viewable within the Promptly platform, which would require clinicians to log into, search for the correct patient and then view the PROM data instead of viewing it directly in Welsh Clinical Portal, alongside other patient data.

These digital challenges have been highlighted to the local Digital Team as well as to the national Digital Health and Care Wales (DHCW) team.

#### Argymhelliad / Recommendation

The Strategy and Planning Committee is asked to:

- RECEIVE ASSURANCE from this report on the work of the Value Based Health Care Programme.
- NOTE that this is responsive to the priorities of the organisation as well as the nationally agreed pathways.

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

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

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

Seek assurance on delivery against all Planning Objectives aligned to the Committee, considering and scrutinising the plans, including the medium-term financial plans, savings plans and decarbonisation plans, that are developed and implemented, supporting and endorsing these as appropriate

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	
Amcanion Cynllunio Planning Objectives	6 Clinical services plan 10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Annual Report of the Chief Medical Officer 2018/19 'Our approach to Value Based Health Care'
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Strategy and Planning Committee:	Sustainable Resources Committee VBHC Management Group National Value in Health Community of Practice

### Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	A VBHC Business Case has been submitted and approved by the Sustainable Resources Committee to support the implementation of a comprehensive VBHC Programme.
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	<p>In addition to this Business Case, project plans are being constructed for individual services and pathway areas. These plans culminate in a Service Review process that considers the resources consumed in delivering services against the outcomes achieved by patients. The insights and proposed changes may impact all elements of a service both in pay and non-pay and are built upon the principles of Prudent Healthcare.</p>
<p><b>Ansawdd / Gofal Claf: Quality / Patient Care:</b></p>	<p>VBHC is designed to improve outcomes and the use of resources in delivering them. It is also driven by prudent healthcare principles which drive the delivery of equitable services across the Health Board.</p>
<p><b>Gweithlu: Workforce:</b></p>	<p>Individual teams and resources are considered as a part of the VBHC review of services, but recommendations are owned by service areas.</p>
<p><b>Risg: Risk:</b></p>	<p>VBHC Programme risk assessment has been completed, however individual project areas are subject to their own project structures with risk assessment being an integral component.</p>
<p><b>Cyfreithiol: Legal:</b></p>	<p>None</p>
<p><b>Enw Da: Reputational:</b></p>	<p>None</p>
<p><b>Gyfrinachedd: Privacy:</b></p>	<p>Privacy Impact Assessment has been completed for PROM and PREM capture as part of the VBHC Programme.</p>

**Cydraddoldeb:  
Equality:**

Equality Impact Assessment completed.