



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 December 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value Based Health Care Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Philip Kloer, Medical Director and Deputy Chief Executive Officer Dr Leighton Phillips, Director for Research, Innovation and University Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Mansfield, Head of Value Based Health Care

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

Value Based Health Care (VBHC) is increasingly becoming the vehicle through which the Health Board can understand the impact that services and interventions have on the outcomes experienced by patients and their carers.

The purpose of this report, accompanying presentation and supporting document is to provide the Sustainable Resources Committee with an understanding of progress made in this area to date and the aspirations for the next three years.

Cefndir / Background

VBHC lies at the heart of the development of sustainable services across NHS Wales. VBHC originated from the principles of Prudent Healthcare, which is based upon four main principles:

- Public and professionals are equal partners through co-production;
- Care for those with the greatest health need first;
- Do only what is needed and do no harm;
- Reduce inappropriate variation through evidence based approaches.

The Annual Report of the Chief Medical Officer 2018/19 acknowledges the long standing challenges in developing health services to cope with the ageing population and the associated increase in complex health and care needs.

“We simply cannot keep doing things in the same way, spending money in the same way and hoping for differing results. We must focus the system on delivering the best results it can for people, within the available resources.”

Valuing our health – Chief Medical Officer for Wales Annual Report 2018/19

Following the introduction and continued support for the principles of Prudent Healthcare, work has been undertaken to develop and refine how Prudent Healthcare can be embedded into the health service in Wales. VBHC has been identified as a practical method to measurably improve services based upon the principles of Prudent Healthcare.

“The application of ‘value based healthcare’ is increasingly being seen in Wales as a way of delivering the prudent healthcare principles in a measurable way. It requires a healthcare system to become truly data-driven in order to improve clinical outcomes and inform the allocation of resources for the greatest positive impact on individuals and the people of Wales.”

Valuing our health – Chief Medical Officer for Wales Annual Report 2018/19

Over the past two years, Hywel Dda University Health Board (HDdUHB) has implemented a multi-disciplinary VBHC Team, who have developed a coherent VBHC programme and implemented the tools and support to capture Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs). The focus of the HDdUHB VBHC programme is closely aligned to national, regional and local priority areas in addition to engagement with clinical and operational staff.

Asesiad / Assessment

In Autumn 2020, HDdUHB agreed a set of planning objectives, which support the continued acceleration of the VBHC programme over the next three years and places VBHC as one of the core principles for service assessment and development.

A presentation will be delivered, highlighting the progress that has been made by the VBHC programme in delivering three primary goals:

- Invest in the systems and processes to enable our staff to routinely use patient reported outcomes and resource utilisation data in planning, organising and delivering healthcare;
- Develop the knowledge and skills of staff to put the theory of VBHC into practice;
- Establish partnerships with universities, innovation agencies, international healthcare systems and companies to understand how to optimise the wider societal benefits of adopting a VBHC approach and accelerate the innovations with demonstrable potential to securing them.

In addition to the presentation, a summary of the HDdUHB approach and strategy to delivering VBHC over the next three years is attached at Appendix 1.

Argymhelliad / Recommendation

The Sustainable Resources Committee is requested to note the progress made and the plans outlined in this report and the accompanying presentation and the VBHC Strategy and Approach document.

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).
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
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.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	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
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Sustainable Resources Committee VBHC Programme Team VBHC Strategic Enabling Group National Value in Health Community of Practice

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	<p>A VBHC Business Case has been submitted and approved by the Sustainable Resources Committee to support the implementation of a comprehensive VBHC Programme.</p> <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, which 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>
Ansawdd / Gofal Claf: Quality / Patient Care:	VBHC is designed to improve outcomes and the use of resources in delivering them. It is also driven by prudent healthcare principles drive the delivery of equitable services across the Health Board.
Gweithlu: Workforce:	Individual teams and resources are considered as part of the VBHC review of services, however, recommendations are owned by service areas.
Risg: Risk:	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.
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Privacy Impact Assessment has been completed for PROMs and PREMs capture as part of the VBHC Programme.
Cydraddoldeb: Equality:	Equality Impact Assessment completed.

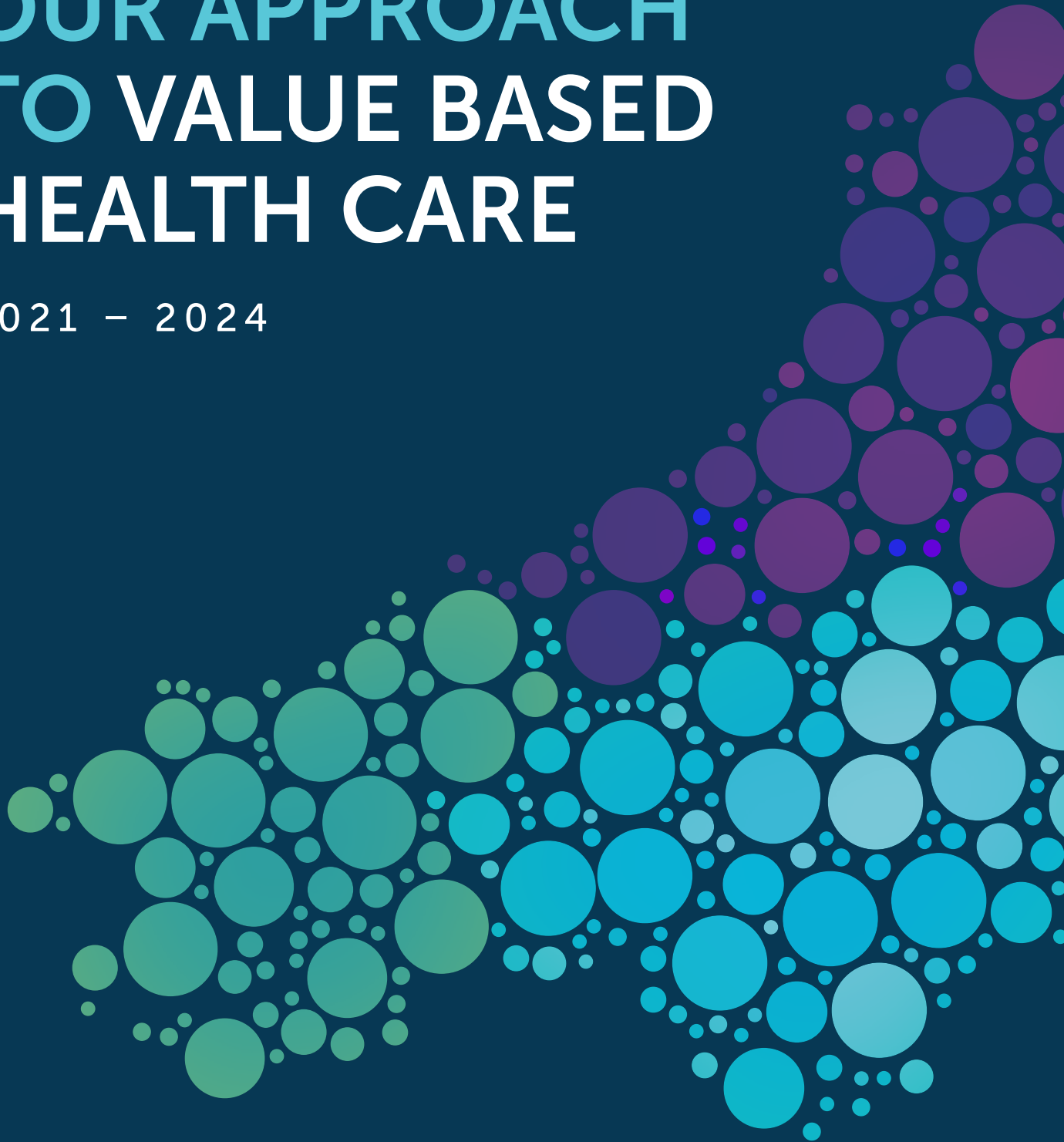


GIG
CYMRU
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WALES


Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

OUR APPROACH TO VALUE BASED HEALTH CARE

2021 – 2024



SUPPORTING THE DELIVERY OF
A HEALTHIER MID AND WEST WALES



The purpose of this document is to share our progress and to set out how we plan to accelerate our work over the next three years, so that Hywel Dda University Health Board places Value Based Health Care at the heart of all that it does.

Foreword

In its simplest form, Value Based Health Care (VBHC) is about making sure all we do, including the way we use resources, focuses on improving health outcomes.

While Hywel Dda University Health Board strives to deliver this goal, there are still too many examples of where resources could be better utilised to improve health outcomes. VBHC provides a framework to systematically challenge our current approach and introduce change.

VBHC is simple to define but considerably more challenging to put into practice. There are many reasons for this. We do not routinely capture what matters most to our patients through our systems. It is hard to find time to question how services are organised, particularly when confronted with the increasing number of patients waiting for our care, a situation that has worsened throughout the COVID pandemic. Moreover, it can be difficult to innovate and think differently, working with our partners to identify the wider societal benefits of pursuing a VBHC approach.

Despite these challenges, there are grounds for optimism. Over the past two years, we have established a VBHC programme to help provide teams across Hywel Dda University Health Board with the tools, knowledge, and headspace to advance VBHC. In a number of service areas, there has been considerable progress in capturing and using outcomes and resource utilisation data to bring about improvements, supported by advancements in our digital capabilities. Working with the national VBHC team we are the first NHS organisation to run a case-based education programme for our staff, and our approach to VBHC Research and Innovation is attracting significant attention and investment, including the recent development of the TriTech Institute.

The purpose of this document is to share our progress and to set out how we plan to accelerate our work over the next three years, so that Hywel Dda University Health Board places a VBHC approach at the heart of all that it does. In the Autumn of 2020, Hywel Dda University Health Board agreed planning objectives, which will support an acceleration of our programme over the next three years. The following vision and goals are set against these planning objectives

Dr Philip Kloer

Executive Medical Director
and Deputy CEO

Awaiting
image

Huw Thomas

Executive Director of Finance

Awaiting
image

Background

There is extensive literature defining VBHC, which is summarised at the end of this document, alongside other useful papers and reports describing what other health care systems are doing to make it a reality. There is also a comprehensive national plan for Prudent Healthcare and VBHC in Wales, setting out a programme of activities put in place by the Welsh Government to help the Welsh NHS implement VBHC. In 2019, Hywel Dda University Health Board initiated a programme of work set against the national VBHC plan. Good progress has been made, particularly considering the additional pressures the system has faced over the past few years. The advancements have included better understanding outcomes and resource utilisation in several service areas as a basis for change; delivering two case based education programmes; and recalibrating our research and innovation strategy to understand how to make VBHC happen.

Our early progress was recognised and in 2020; the Welsh Government and University Health Board committed to increase the scale and pace of delivery of the programme. This document summarises our progress and sets out the next steps of the journey.

Planning Objectives

- Develop the capability for the routine capture of PROMS and implement in all clinical services within 3 years. Establish the required digital technology and clinical leadership and engagement to facilitate pathway redesign based on these insights and put in place impact measurement processes to evaluate changes at a pathway level.
- Design and implement a VBHC education programme to be implemented with academic institutions for managers and clinicians that could also be offered to partners.
- Implement a VBHC pathway costing programme for all clinical services that is capable of being completed within 3 years, and prioritised based on the likelihood of generating change.

Vision

We will ensure the equitable, sustainable, and transparent use of available resources to achieve better outcomes and experiences for every person. We will realise our vision by delivering the following Goals:



Goal 1

Invest in the systems and processes to enable our staff to routinely use patient reported outcomes. and resource utilisation data in planning, organising and delivering healthcare.



Goal 2

Develop the knowledge and skills of our staff to put the theory of VBHC into practice.



Goal 3

Establish partnerships with universities, innovation agencies, international healthcare systems and companies to understand how to optimise the wider societal benefits of adopting a VBHC approach and accelerate the innovations with demonstrable potential to securing them

Goal 1

INVEST IN SYSTEMS AND PROCESSES TO ENABLE OUR STAFF TO UTILISE PATIENT REPORTED OUTCOMES AND RESOURCE UTILISATION DATA IN PLANNING, ORGANISING AND DELIVERING HEALTHCARE

Why this is important

Planning and delivering services based on the outcomes that matter most to people requires the routine capture and utilisation of Patient Reported Outcome Measures (PROMs) and detailed information about how services are organised and what they cost (i.e. how resources are utilised). Collecting and understanding this information not only allows patients and clinicians to agree a plan most likely to improve outcomes but also assists those responsible for planning and organising services to put in place measures to ensure this happens routinely.

Yet despite this being a widely accepted ambition of clinical teams, patients and managers, the availability of PROMs and information on resource utilisation for key disease and service areas remains limited. This will be very important as we recover from the pandemic. There are several reasons for this, including: the adequacy and interoperability of digital tools to capture PROMs; the ability to visualise PROMs real time within clinical systems; and the accepted challenges associated with introducing changes within large and complex organisations.

To deliver this goal:

- We are providing the necessary systems and support for service teams to capture PROMs and understand resource utilisation, including:
 - » Entering a three-year enterprise agreement with DrDoctor, as our main supplier of a PROM and Patient Reported Experience Measure (PREM) capture system, ready for rapid team deployment. We continue to work with other suppliers and stand ready to integrate with national solutions as they become available;
 - » Providing service areas with process mapping and service costing expertise to understand current care pathways, resource utilisation, and the changes that might bring about improved patient outcomes;
 - » Contextualising national PROM and resourcing intelligence so that it is relevant to those tasked with introducing local changes within the Hywel Dda University Health Board; and
 - » Assessing whether there is a more effective way of collecting and interpreting PROM and PREM data.

To deliver this goal continued:

- We are investing in analytical and visualisation capacity so that staff can interpret and apply outcome and resourcing data in real time service delivery, including:
 - » Working closely with Informatics colleagues to consolidate the data collected for specific service areas and pathways;
 - » Collaborating with clinical teams and industry experts to develop visualisation dashboards that are intuitive and can be used to inform real time care decisions; and
 - » Analysing time series data to develop insights to inform how healthcare can best be organised.
- We are working alongside service and clinical colleagues to identify how our resources might be better deployed to secure improved patient outcomes, including:
 - » Utilising a service review mechanism to support the presentation of VBHC insights and data to service and clinical leads;
 - » Supporting the development and implementation of action plans in response to the service reviews; and
 - » Acting as a critical and trusted friend to services in order to ensure that the actions implemented following the service review lead to their intended effects. This will be advanced in the context of our Improving Together programme and associated quality improvement approach (eg The Enabling Quality Improvement in Practice (EQliP) Programme and the support offered by the organisational development team).



Goal 2

DEVELOP THE KNOWLEDGE AND SKILLS OF OUR STAFF TO PUT THE THEORY OF VBHC INTO PRACTICE

Why this is important

The implementation of VBHC at the proposed scale will require a critical mass of staff with the knowledge, networks and persistence to ensure the outcomes that matter most to people become a widespread and consistent feature of decision making within our Hywel Dda University Health Board. Making VBHC a reality will require staff from a range of professions, operating at different levels of seniority, to understand the theory and have a good grounding of the techniques required to implement it in their day jobs. Case-based approaches to teaching VBHC have consistently proved effective in giving a sound theoretical overview as well as practical insight into how to introduce change.

Unfortunately, there are few case based courses available for staff of all levels to learn about and apply VBHC. Most offerings focus on executives and are too expensive to provide an education opportunity for most staff. While the VBHC Intensive Learning Academy is starting to change this, it will not deliver at the scale required to educate the staff volume we require to match our delivery ambitions. We favour a course co-designed with strong academic and wider system partners but delivered in house. This will enable us to identify staff we can continue to work with and support as they apply their learning outcomes in practice. We therefore see education as having a clear and direct connection with improved delivery.

To deliver this goal:

- We have developed an impactful and practical course called ‘Bringing Value to Life’, which uses case studies from within Wales and internationally to teach VBHC to professionals at all levels and across the Health and Social Care system. Our progress and plans include:
 - » The delivery of two Bringing Value to Life educational courses (one virtual and one face-to-face), educating 100 staff in the principles and practice of VBHC. We strive to continue to teach 100 staff per year over the life of the programme;
 - » A third course to take place early in 2022, in support of the Mid Wales Health Care Collaborative, with a focus on delivering VBHC in rural communities; and
 - » Ongoing collaboration with NHS Wales colleagues and academic institutions, including the VBHC Intensive Learning Academy, to ensure synergies with national programmes are maximised, and offering our staff the opportunity to develop constructive networks with staff from other healthcare systems.

To deliver this goal continued:

- We will equip staff with the knowledge and skills to improve services by looking through a VBHC lens and develop an expert faculty drawn from an increasing body of evidence and case studies. Progress and plans include:
 - » Developing a community of practice – described as a faculty – formed of staff capable of supporting others to deliver VBHC;
 - » Using the educational programme to grow the faculty year on year, and develop a bank of case studies describing how the implementation of VBHC is happening within the Hywel Dda University Health Board; and
 - » As appropriate, enabling our staff to become part of national and international networks, offering cases from the Hywel Dda University Health Board but also bringing back practices with the potential for local application.
- We will put in place practical support to ensure that course participants are able to take forward VBHC activities within the Hywel Dda University Health Board. Progress and plans include:
 - » The creation of a service review process to formally consider and secure executive support for changes following PROM capture, service mapping, and resource utilisation analysis;
 - » Establishing a group, which will enable clinical leads to share experiences of changing services and demonstrate the practical use of PROM data in clinical settings; and
 - » Supporting PDSA cycles using VBHC data to evidence changes in service delivery through the lens of patient outcomes and patient experience.



FEEDBACK FROM EDUCATION PROGRAMME:

“Really good to insist on proper headspace and residential setting, demonstrates how VBHC is valued by the organisation.”

“Excellent programme. I have thoroughly enjoyed it and learnt a great deal. I have also had the opportunity to meet and network with colleagues which has also been so beneficial.”

“I am keen and eager to get started on integrating the principles of VBHC into practice. I hope the team embraces the concept. I think the team would benefit on training as this help identify the willingness to use VBHC approach.”

“Real stories focused approach of learning, a powerful tool to drive CAN DO, HAVE TO!”

“Good mix of theory and real-life and local examples”

Goal 3

ESTABLISH PARTNERSHIPS WITH UNIVERSITIES, INNOVATION AGENCIES, AND COMPANIES TO UNDERSTAND HOW TO OPTIMISE THE WIDER SOCIETAL BENEFITS OF ADOPTING A VBHC APPROACH AND ACCELERATE THE INNOVATIONS WITH DEMONSTRABLE POTENTIAL TO SECURE THEM

Why this is important

The evidence base around what works in delivering VBHC evolves rapidly. It is now widely accepted that adopting a VBHC approach can have wider societal impacts.

We are evolving our core research and innovation activities to both understand these wider impacts and determine plans to harness them. Our research and innovation programme routinely considers the clinical effectiveness and safety of new treatments, technologies and ways of delivering care (referred to here as innovations). This will often be in a highly controlled setting and wider considerations including whether the innovation delivers the outcomes that matter most to people, how staff should implement it, and the resources required to introduce are not considered. Yet we know these things are critical to whether the innovations achieve the wider, sustainable impacts services strive for. By looking at patient outcomes and resource utilisation, VBHC provides a framework that allows us to assess these things and determine whether to adopt innovations and how to maximise the impact of their introduction. Beyond the direct benefit to the UHB, this approach to assessing innovations can also help technology developers commercialise their technologies and bring about local economic benefit.

To deliver this goal:

- We have established a new team to support an increasing portfolio of research, innovation and evaluation projects, and work with industry to test the value case of novel technologies and devices. Progress and plans include:
 - » Establishing an innovation centre, with the facilities and team required to assess whether innovations and technologies support the delivery of VBHC;
 - » Establishing 20 meaningful partnerships with industry over the life of this document, focused on real world investigations of the VBHC case for innovations;
 - » Increasing the depth of partnership with universities, through joint appointments and projects, in order to increase the pool of skills and expertise necessary to deliver the objectives set out within this document; and
 - » Establishing partnerships with comparable international healthcare systems who share our pursuit of VBHC.

To deliver this goal continued:

- » We will form partnerships that generate an evidence base and fresh insights to target our VBHC programme where it will have the greatest impact. Progress and plans include:
 - » Understanding and maximising the wider societal impacts of taking a VBHC approach, through supporting doctoral students at Bangor University;
 - » Working with our partners at Betsi Cadwaladr University Health Board and Powys Teaching Health Board, in supporting a research centre at Aberystwyth University, to develop an evidence base for maximising the economic impacts associated with pursuing a VBHC approach; and
 - » Establishing an academic research group to ensure that our healthcare system continuously utilises the strongest and latest evidence on delivering VBHC driven change.
- We are utilising our Improving Together Adopt and Spread Framework to translate our discoveries into sustainable changes in practice. This framework will allow:
 - » Small, evidence based, and effective VBHC change projects, including those advanced through the Bevan Exemplar programme, to be sustained and scaled up across the Hywel Dda University Health Board; and
 - » A clear route for the adoption of discoveries from the Hywel Dda University Health Board innovation centre.

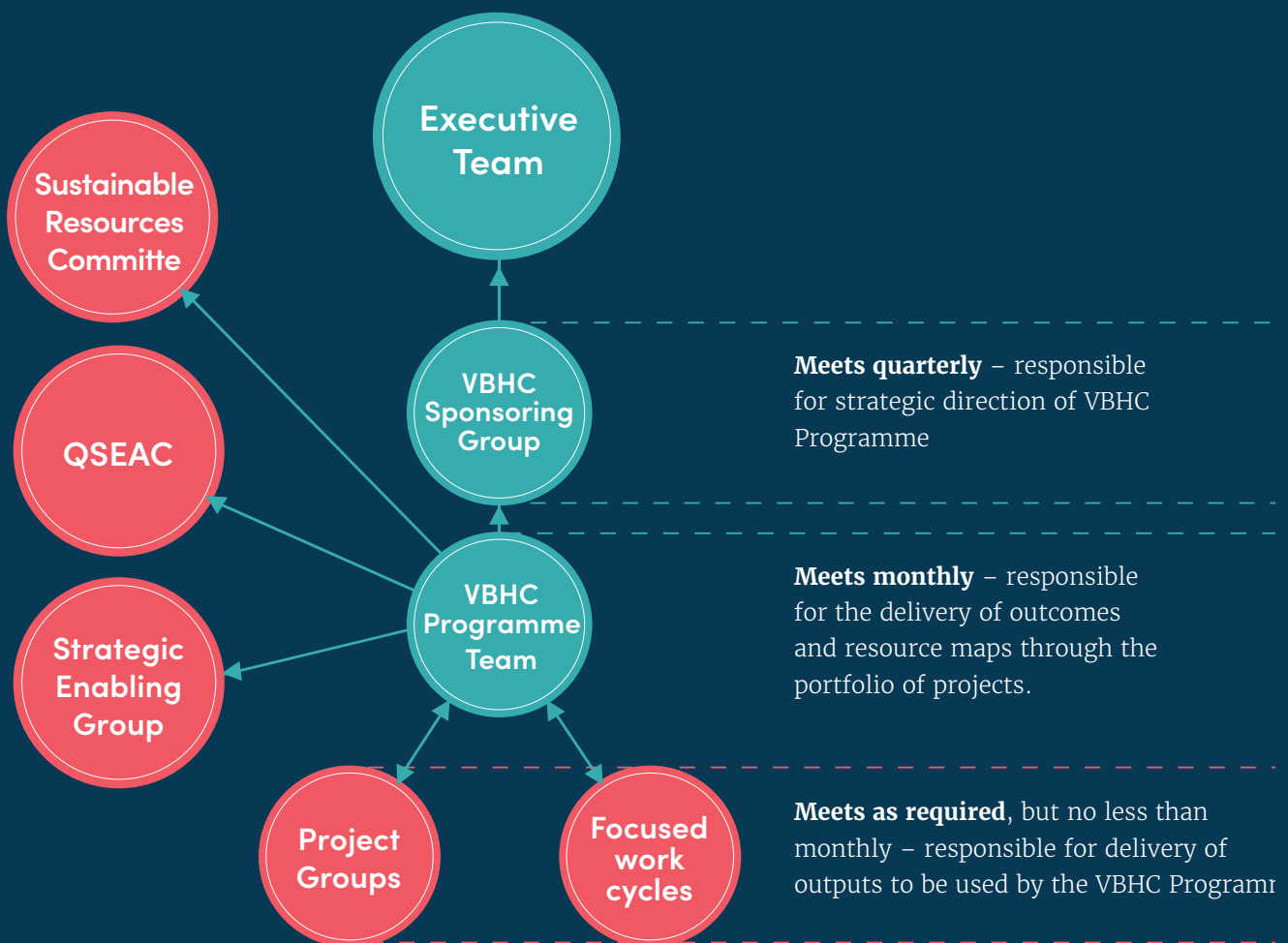


Making the plan happen

Our approach is ambitious and backed up by detailed delivery plans. To ensure delivery, we are putting in place a robust and efficient approach to decision-making and an enabling support team with the requisite skills to translate the principles of VBHC into practice.

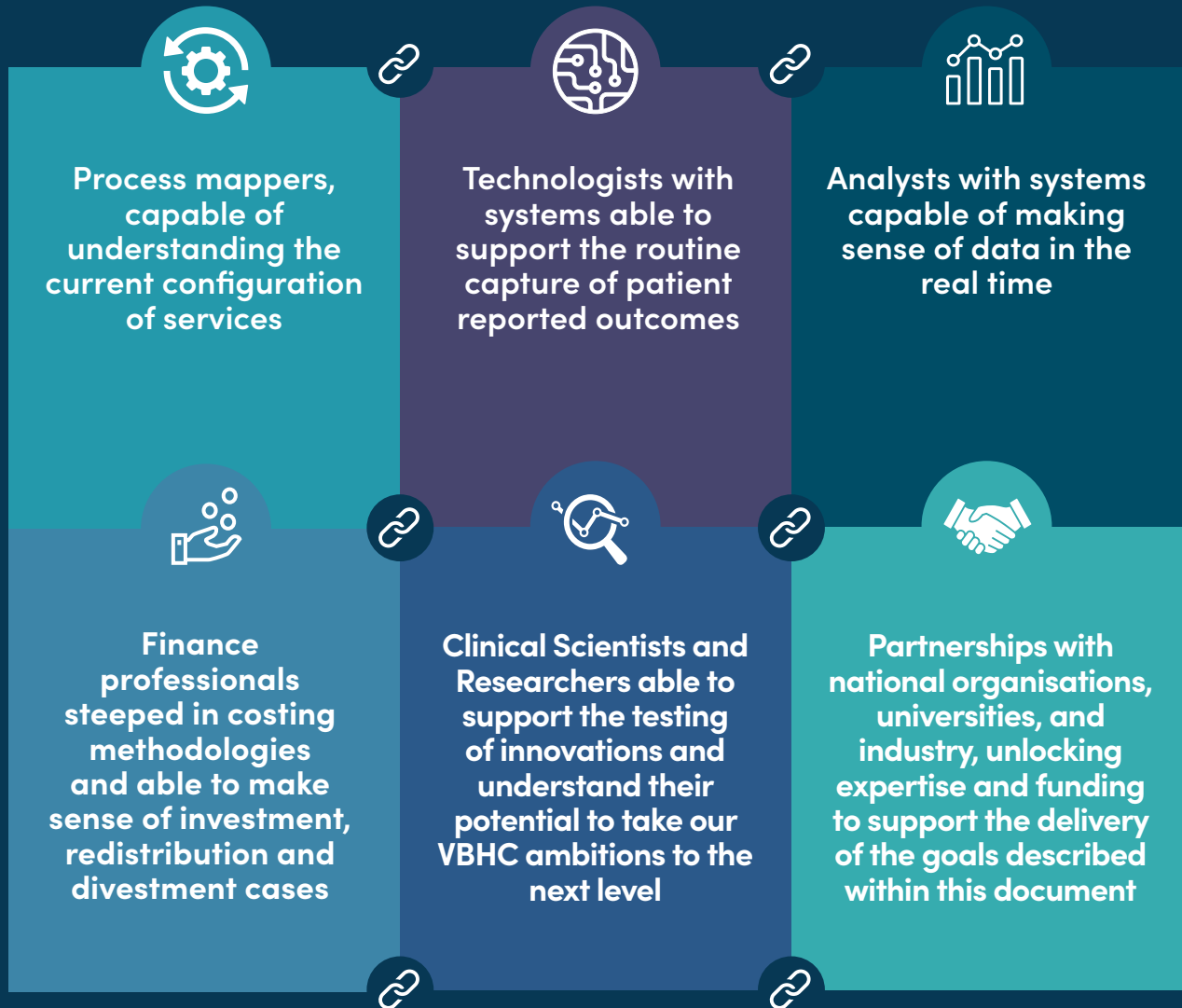
Our Governance

The focus of our VBHC programme is to enable action. Our governance will do just that. A high-level steering arrangement is in place to authorise the programme's overall direction, but the focus is on a weekly beat of practical discussions, and an action orientated service review mechanism.



Our Support Team

We have put in place a high quality support team with the commitment, energy and humility to turn words into action.



Further information

A Healthier Mid and West Wales

Awaiting further information

<http://www.wales.nhs.uk/sitesplus/documents/862/HywelDda%20Summary%20Eng%20%283%29.pdf>

National Action Plan - Value in Health

Awaiting further information

<https://vbhc.nhs.wales/about-value-in-health/national-action-plan/>

What Is Value in Health Care?

Awaiting further information

www.nejm.org/doi/pdf/10.1056/NEJMp1011024?articleTools=true

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