

**PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 August 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value Based Health Care
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mark Henwood – Interim Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Leighton Phillips – Director of Research, Innovation and Value Simon Mansfield – Head of Value Based Health Care

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report is presented to the Sustainable Resources Committee (SRC) to provide an update on progress with the plan for delivering our Value Based Health Care (VBHC) Programme, which has been developed in line with Planning Objective 6b.

The committee is asked to note the progress of the Hywel Dda University Health Board (HDdUHB) VBHC programme.

Cefndir / Background

The HDdUHB approach to VBHC is founded upon the principles of Prudent Healthcare and focuses on the development of sustainable healthcare by targeting resources on the outcomes that matter most to our population. This also means that HDdUHB identifies and stops investing in those things that are of limited or no value when considering the patient outcomes that are achieved.

The work of the VBHC Programme in 2024/25 has been on prioritised service areas with the intention of implementing Value led projects, which provide the greatest opportunity to cease low value activity. Accordingly, the areas of focus are:

- Respiratory
- Cardiology
- Orthopaedics
- Diabetes
- Bone Health

In addition to the core VBHC Programme, HDdUHB has also implemented a Rapid Value Programme, which considers the waste inherent in-service delivery that does not contribute to improved patient outcomes. The Rapid Value programme operates on the basis of 90-

day sprint cycles, with a focus on identifying and executing initiatives that deliver productivity or cash releasing benefits.

Critically, the Rapid Value Programme does not rely on the long-term collection of patient-reported outcome measures (PROM) data in order to effect change The HDdUHB strategy and approach to Rapid Value Sprints is included as **Appendix A** of this document.

The delivery of VBHC requires reliable and robust data on the outcomes that patients say are most important to them. These PROMs are usually captured electronically in, or before, clinic appointments. Until recently, HDdUHB has used a system called Dr Doctor, but the contract for this system was due to expire in September 2024. During 2024/25, a substantial procurement and implementation of a new digital PROM collection solution, 'Promptly', has taken place. The new system will give improved functionality and will enable PROM data to be collected in a greater range of settings and visualised for use in clinician/patient interactions. Furthermore, the new system will enable anonymised PROM data to be shared seamlessly at a national level, providing benchmarking data for populations.

Asesiad / Assessment

This section provides an update on the prioritised service areas for the VBHC Programme, an update on the Rapid Value Programme, as well as selected highlights from the wider work of the VBHC Team.

Respiratory Services

Project	Milestone	Status
Deploy validated PROM tools (Asthma Control Test and COPD Assessment Tool) in Clinical Nurse Specialist clinics in secondary care.	Q1 - Use PROM data from validated instruments to support higher value clinical conversations.	Complete

Collection began prior to new and follow-up clinics in June 2024, and training has been provided. We have presented data at the Respiratory Team Meeting on 9 July 2024 to help understand the patient perspective on different treatment models.

Assessments;

- Pre-New Clinic Assessment
https://drdoctor-hduhb.formstack.com/forms/asthma_copd_prom_pre_new_clinic_admin
- Pre-Follow-Up Clinic Assessment
https://drdoctor-hduhb.formstack.com/forms/asthma_copd_prom_post_new_clinic_admin

Project	Milestone	Status
LungCast - analyse previously collected PROMs to demonstrate the impact that quitting smoking, following a diagnosis of lung cancer, has on a patient's quality of life and publish the results in a peer-reviewed journal.	Q1/Q2 - Complete the LungCAST EQ-5D Analysis.	On track

Preliminary analysis is complete.. An abstract has been submitted for the British Thoracic Society Winter Meeting presenting the analysis of the impact of quitting smoking on Lung Cancer patients. This work will also inform the clinical interactions with patients, providing the

context for smoking cessation for patients diagnosed with Lung Cancer and the reduction in resources required to manage with the poorer outcomes.

Project	Milestone	Status
Demonstrate the value of introducing a pharmacist to the Interstitial Lung Disease (ILD) service in order to enable staff to operate to the top of their license, freeing up capacity for scarce resources to undertake the work only they are able to.	Q1 - Develop business case / service model.	Delayed
Unfortunately, this has been delayed due to the absence of the Clinical Lead for ILD. Subsequent discussions with the service will result in the production of a business case during September 2024.		
Project	Milestone	Status
To assist respiratory colleagues in evaluating the value and impact of various community spirometry models, ensuring equitable and timely access to enable early and accurate diagnosis of respiratory conditions.	Q1 - Conduct literature review to identify models of delivery.	Complete
Review completed. We are working with the service to evaluate existing models of service delivery alongside the applicability of novel approaches.		

Cardiovascular Services

Project	Milestone	Status
Reduce the unnecessary delays for patients in admitting hospitals awaiting angiogram/angioplasty.	Q1/Q2 - Take the ACS Business Case (£211,000 pa set against a productivity gain of £1.6 million) through Hywel Dda and Swansea Bay VBHC Delivery Fund Structures.	On track
The preliminary paper to support this proposal has been submitted for discussion and requires one further iteration during August 2024 before decision in early September 2024.		
Project	Milestone	Status
Heart Failure	Q2 – cessation of funding and translation of productivity benefits	Complete
Funding for the Heart Failure project is ceasing in September 2024 with significant productivity gains now to be translated through a review of the cardiology bed base into a reduction in bed capacity as indicated by the project and bed review.		
Project	Milestone	Status
Atrial Fibrillation	Q2 – Resolve digital impediments to sharing ECG information	Delayed
WG funding has been secured to undertake enhanced AF screening in Podiatry clinics. Work required with digital services to enable ECG data to be emailed to health professionals for review.		

Trauma & Orthopaedics

Project	Milestone	Status
Longitudinally track patient outcomes to illustrate the relative value of different treatment approaches. Ultimately this will enable the high value approaches to be identified and prioritised in favour of lower value interventions.	Q1 - Collect PROMs from orthopaedic patients who enter secondary care via the Clinical Musculoskeletal Assessment and Treatment Service (CMATS) and for those who are subsequently listed for hip/knee arthroplasty we will collect a pre-operative PROM when they are enrolled in Joint School.	Delayed
PROM were collected in CMATS from April 2024. Unfortunately, the service has had to delay launching Joint School, but the PROM tools have been prepared and are ready to deploy as soon as the service goes live.		
Project	Milestone	Status
Shoulder and Elbow Patient Level Dashboard	Q1 - Train and support clinicians to use the Shoulder and Elbow Dashboard to facilitate clinical conversations that identify the outcomes that matter most to patients. In doing this, higher value interventions can be undertaken and low value activity ceased.	Complete
Shoulder and Elbow dashboard live, staff to be trained to use it and usage to be monitored and qualitative outcomes to be recorded from staff and patients.		
Project	Milestone	Status
Measure Shared Decision Making using validated PREMs.	Q1 - Agree which validated PREM we will use.	Complete
The CollaboRATE tool has been chosen due to its efficacy and ease of use.		
Project	Milestone	Status
Person-Centred Value-Based Health Care (PCVBHC) - capture orthopaedic patient's goals and measure if their goals are being achieved.	Q1 - Join an international Community of Practice.	On track
We have joined an international Community of Practice with organisations from Scotland, France, Switzerland and Australia.		

Diabetes

Project	Milestone	Status
Support and development of business case for Diabetes remission programme (DiRECT); The latest findings from DiRECT study (diabetes.org.uk)	Q2 – development of business case to roll out DiRECT programme.	On track

Plan to rollout the DiRECT programme to early stage Type 2 diabetic patients across the Health Board with a view to helping to offset the projected increases in people with diabetes by turning around people with early stage Type 2 diabetes or preventing it in pre-diabetic patients.

Bone Health

Support and implementation/evaluation of FLS service

Project	Milestone	Status
Implementation of a Fracture Liaison Service	Q2 – commence service delivery and evaluation of benefits	On track
Value Based Health Care supported FLS service set up across HDdUHB in order to reduce the risk of patients with osteoporosis suffering fragility fractures, specifically hip fractures. Nursing staff appointed and commenced, administrative staff to be appointed and service to commence in September 2024.		

Rapid Value Programme

The Rapid Value Programme has worked closely with a range of service teams to identify, evaluate, and assist in the execution of a range of projects that have delivered productivity and cash releasing savings. During 2024/25, the Rapid Value Programme has delivered £115,000 of productivity savings and £419,000 of cash releasing savings. The total savings derived from projects in 2024/25 is £1,004,805 in productivity gains and £574,960 in cash releasing savings.

The broad areas of focus include projects in the following areas:

- Acute Kidney Injury
- Fracture Liaison Service evaluation
- Oncology
- Women & Child Health
- Cardiovascular conditions
- Pharmacy biosimilars
- Mental Health Services
- Stroke Services
- Pathology

Planned cash releasing gains through the Rapid Value Programme for 2025/26 are projected to be approximately £1,542,497 with other projects yet to be identified that will add to this as well as providing productivity benefits.

PROM Solution

On 1 July 2024, the new digital PROM collection system 'Promptly' went live. In advance of this 160 Health Board staff were trained and set up as administrators and existing PROM patients were sent a broadcast message to notify them of the change in provider. Over 30 PROM and patient-recorded experience measures (PREM) pathways went live successfully, with HDdUHB being the first Health Board to implement this regional solution. In addition, the implementation at HDdUHB has been more ambitious than other Health Boards, with the other adopters of the Promptly system going live with two or three PROM collection pathways.

The remaining PROM and PREM pathway areas will be transferred across from the existing Dr Doctor solution by the end of September 2024 in advance of a revised contract expiry at the end of December 2024.

Programme Finances

Welsh Government (WG) invests £1.78m per annum in HDdUHB to deliver its VBHC activities. This is split between:

- VBHC support team
- Digital PROM/PREM collection platform
- VBHC Delivery Fund to support innovative projects and evaluations of Value propositions

The core VBHC budget is on track to break even during 2024/25 and plans are being developed that will fully utilise the VBHC Value Delivery Fund by the end of 2024/25.

Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to **NOTE** the progress of the HDdUHB VBHC Programme and Rapid Value Programme.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

<p>Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:</p>	<p>2.2 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objective 6 Sustainable Use of Resources (See Appendix 1), in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan.</p> <p>3.2 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 (see Appendix 1).</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	<p>Not Applicable</p>
<p>Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)</p>	<p>7. All apply</p>

Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	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 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 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:	<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 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>

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 a part of the VBHC review of services, but 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:	None
Enw Da: Reputational:	None
Gyfrinachedd: Privacy:	Privacy Impact Assessment has been completed for PROM and PREM capture as part of the VBHC Programme.
Cydraddoldeb: Equality:	Equality Impact Assessment completed.



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University Health Board

OUR APPROACH TO THE RAPID VALUE SPRINTS PROGRAMME



INTRODUCTION

The NHS is facing significant pressure in relation to demand and capacity, as well as quality and productivity challenges. The introduction of Value Based Health Care has encouraged Health Boards to focus on delivering high value care. Lean principles is one approach that is being increasingly used in the NHS to enhance value in healthcare.

Lean is the culture of relentless elimination of 'waste' to ensure all services provided are safe, high quality, available when required and delivered at the appropriate cost. It is also about developing people to problem solve every day to pursue perfection. Lean was a term coined by researchers when studying the philosophy of the management system in place at Toyota and the culture they had created amongst their workers to improve processes which led to the final product. The researchers noticed five key steps were in place to deliver what the customer wanted at the highest quality and safety level possible, with the lowest associated costs from a workforce which also had high morale. The five steps were:

1. Specify value
2. Identify the value stream steps
3. Make value flow
4. Supply what is pulled by the customer
5. Continually improve and strive for perfection

The elimination of waste is the main characteristic of Lean. Waste is everything that doesn't add value to the patient or process. There are three types of work:

1. **Value adding** - When you are adding value to the patient / process (e.g. prescribing medication, providing physiotherapy, reporting an image)
2. **Necessary waste** - This is when you are not adding value but it is a necessary step. (e.g. incubation in a microbiology laboratory, vetting requests prior to radiology examination)
3. **Unnecessary waste** - This is where you are not adding value and these steps could be removed (e.g. searching for items, waiting for consultants or medication, not having the right equipment)

BACKGROUND

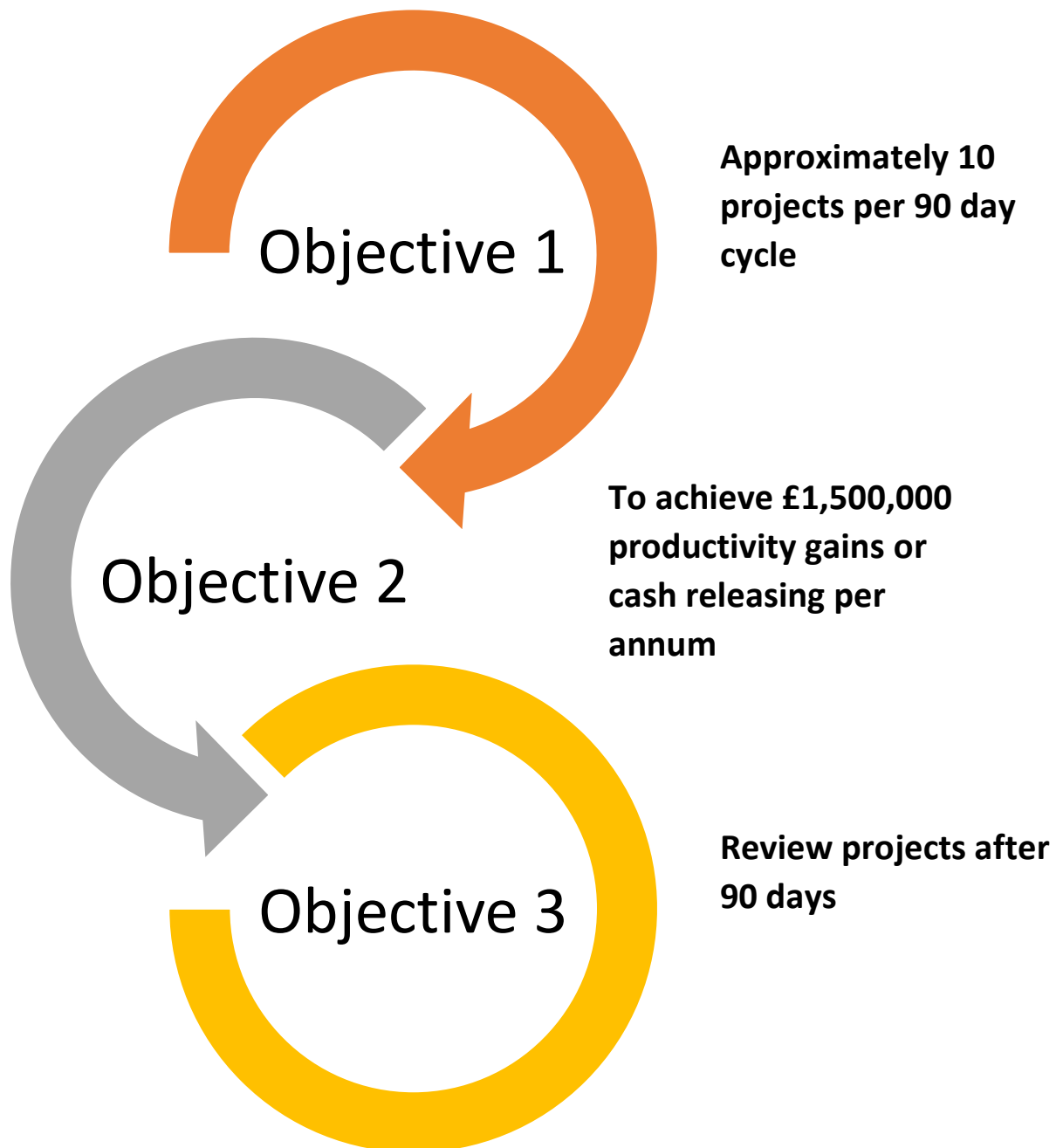
The Rapid Value Programme was established in Hywel Dda University Health Board (HDdUHB) in April 2023, in response to the significant challenges faced by the Health Board. The aim of the programme is to deliver rapid value / improvement work within 90 days. The service / project must meet all five criteria (see figure 1), prior to the commencement of any rapid value / improvement work. It is therefore necessary for any proposed project to go through an initial scoping phase to identify its suitability for the programme.



Figure 1: Criteria for the Rapid Value Programme

The Rapid Value Programme is delivered in-line with [Prudent Health Care](#) principles and cognisant with [“A Healthier Mid and West Wales: Our Future Generations Living Well”](#) strategy.

KEY OBJECTIVES FOR THE RAPID VALUE SPRINTS PROGRAMME





Objective 1

Approximately 10 projects per 90 day cycle

Areas of work are currently referred to the Rapid Value Programme through Directorate Improving Together sessions, requests from services for support to reduce waste and increase productivity, or from the main function of the Value Based Health Care team.

There is a 6 week scoping period for all projects, to gather information and identify problems. A decision will then be made if the project has sufficient productivity / cash-releasing opportunities to continue on a rapid value sprint cycle, at this point some projects are deemed low value and will be closed.

The Rapid Value Programme will support services to develop business cases and benefits realisation plans to access the Value Delivery Fund, where appropriate.

At the end of the 90 day cycle the Head of Value Based Health Care and Principal Project Manager (VBHC) meet and discuss the projects, reviewing the projects deemed with the highest value.



Objective 2

To achieve £1,500,000 productivity gains / cash releasing opportunities across the financial year

The Rapid Value Programme works closely with the Value Based Health Care finance function of the Health Board to identify projects that have the most productivity / cash releasing opportunities.

This results in the most accurate assessment of predicted and actual productivity gains / cash releasing opportunities for the financial year.

A shared spreadsheet is in place which identifies the productivity gains / cash releasing opportunities alongside the cost code for the associated directorate.



Review of projects per 90 days

The Head of Value Based Health Care and Principal Project Manager (VBHC) meet regularly to review projects on the work plan and projected work for the next quarter.

The Rapid Value Programme is responsive to the needs of the Health Board and priorities projects in line with the planning and strategic objectives.

Due to the agile nature of the programme it is difficult to foresee future work areas any more than 3 months ahead.