



Canolfan Gwerth
mewn Iechyd Cymru



Welsh Value
in Health Centre



Annual
Report 2023-2024

Contents

01

Foreword

02

Look back at the
look forward

03

Our year in detail

04

The next twelve
months

05

NHS Wales Value
teams

06

Our key partners

07

Talk to us

Foreword



The role of the Welsh Value in Health Centre has always been twofold: to build the culture and data infrastructure to support the delivery of Prudent and Value-Based healthcare and then to drive impact for value across the system.

This year the team has gone further and faster, with both of these aims, than ever before.

Implementation of the PROMs standard operating model is now in full swing with all Health Boards possessing the capability to capture and use patient-reported outcomes in direct care, in service improvement, and in needs assessments.

We see some wonderful examples coming through. This has been made possible through a true partnership between clinical teams, informatics, finance and operational management.

In 2022, Welsh Government allocated £20 million to fund Health Boards in developing projects that evidence value in Wales, £5million pounds of which was held centrally and bid against by teams in Wales. This funding is recurrent on the proviso that improved outcomes and/or sustainability can be demonstrated.

The bids are diverse and produced some ground-breaking approaches to new models of care, improving outcomes and sustainability, and beginning to edge us towards meeting the changing needs of our population in Wales.

I have been struck by the impact that such a relatively small amount of money can have through creating behavioural change. I hope that this is progress that we can build on in Wales.

Speaking of impact, the next achievement is the creation of the high value high impact interventions in pathways.

This work, in collaboration with the national clinical and implementation networks, responds to and reports to the Value and Sustainability Board in Welsh Government.

Why is this important? Well - it is the first time unwarranted variation in care processes will be monitored and linked to outcomes, alongside more traditional time-based metrics such as length of stay and waiting times. In this way we can hope to see real transformational change coming through as it allows health organisations to focus in on what really is going to make the biggest difference to patients.

Foreword



Looking forward there is still much to do.

Top of the agenda is to improve the completion of and access to clinical audit data. This will mean we begin to really understand outcomes in Wales and how we are improving on a rolling basis rather than looking at annual reports. As well as this, the team will continue to work with colleagues in Digital Health and Care Wales (DHCW) and our collaborators at the Escola Superiore Santa Anna in Pisa, from whom we are learning about effective data visualisation of unwarranted variation in care.

April 1st (this year) took the Welsh Value in Health Centre into the NHS Wales Executive as part of the wider Digital, Data, Technology, Innovation and Value (DDTIV) directorate. We hope this will strengthen our collaborative approach across the Executive in support of our aims to improve the outcomes that matter and create a sustainable health system.

Writing this report is bittersweet for me in that it will be my last, but I know that the team will take the work on to new heights.

Sally.



Dr Sally Lewis

Director,
Welsh Value in Health Centre

Interim National Director,
Digital, Data, Technology, Innovation and
Value Directorate
NHS Wales Executive

Honorary Professor,
Swansea School of Medicine

Looking back at the look forward

At the end of last year's annual report we teased forward to 2023–2024, previewing some of our major pieces of work.

This year's report, this is where we begin – looking back at last year's look forward.

We said we would share with you **the impact of the five million pound Value-Based Healthcare allocation fund**. We said small amounts of funding create the courage and confidence to do big things, and we will 'zoom in' on one of the pieces of work funded by the allocation fund – **Preoperative Anaemia Management**.

Welsh Blood Service, in particular the Blood Health National Oversight Group, alongside Velindre University NHS Trust were one of the successful teams in winning funding from the allocation fund.

In their bid, they demonstrated how their Preoperative Anaemia Management programme would improve patient outcomes and add value.

Back in 2020, the team decided to adopt a targeted approach towards anaemia, focusing on the pre-op setting. This led to the All-Wales pathway being issued a year later (December 2021).

The feedback from many of the Health Boards was that whilst they were supportive of the pathway, for various service challenges and potential barriers, they would struggle to implement it as things stood.

This led to the teams applying against the allocation fund, outlining why identifying someone with anaemia before their operation is so important.

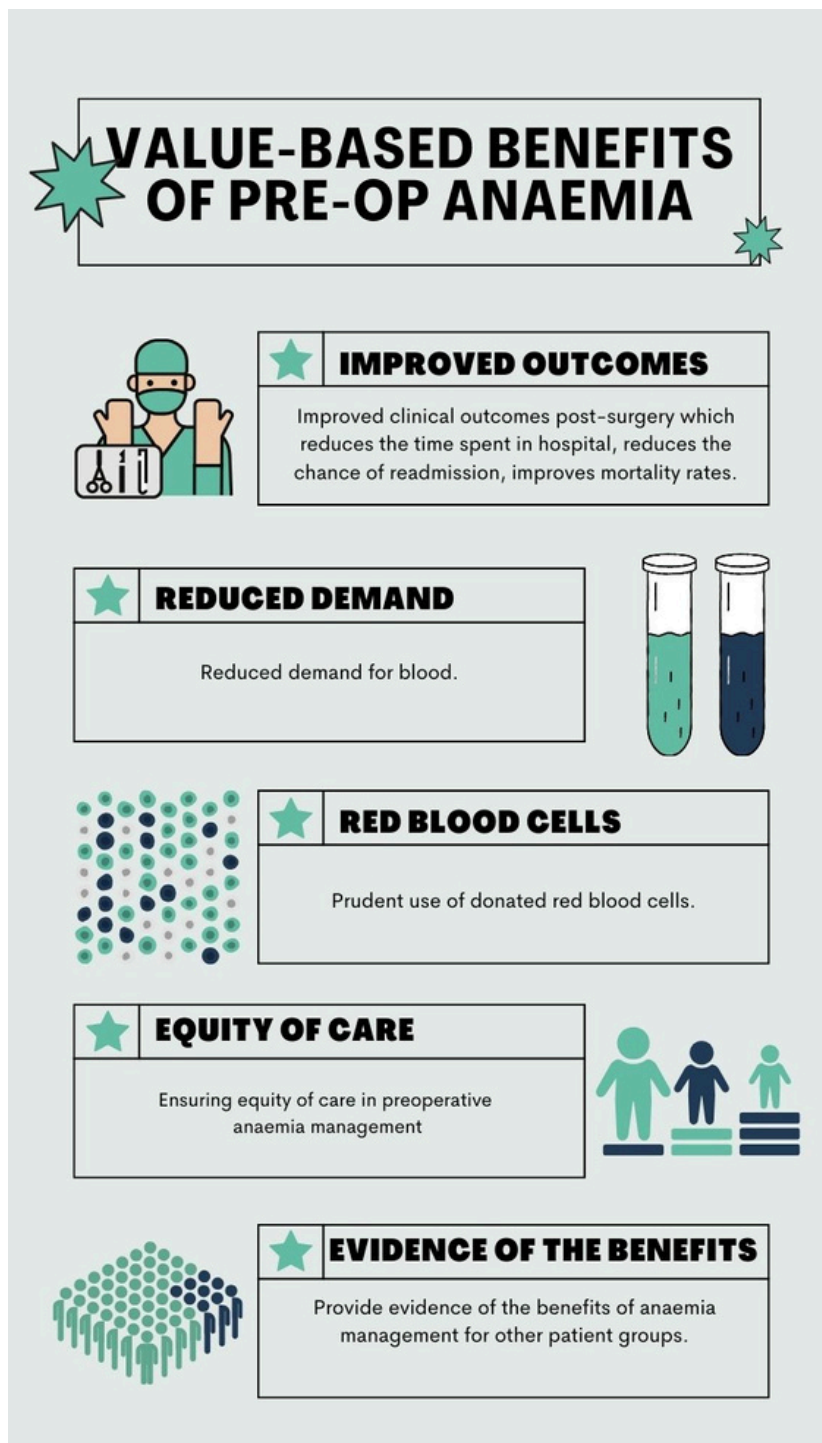
Their bid was centred on working with, and assisting Health Boards implement a preoperative anaemia screening programme by making small additions to the workforce.

Looking back at the look forward

- Anaemia affects between 30% and 60% of all patients undergoing major elective surgery
- Associated with an increased risk of blood transfusion, in-hospital complications, delayed hospital discharge and poor recovery
- 80% of anaemia is caused by iron deficiency which in the majority of cases can be easily treated

Following engagement with the Health Boards and Trusts last summer (June 2023), the programme is up and running. Now the team are identifying the next steps. They are having a dashboard developed and really want to get their hands on as much data as possible to demonstrate the impact their work is having.

Alongside that, whilst the team are focused on pre-op, they are acutely aware and want to explore, the opportunity for their programme to spread wider and deeper. For example, they would like to look at integrating the programme into primary care or at the point of referral.



Looking back at the look forward

One of the core objectives of the Welsh Value in Health centre has been to enable the capture and use of patient-reported outcomes at scale in Wales.

This led to the creation of the PROMs Standard Operating Model (PSOM). Two important elements of this were the **procurement of a framework for PROMs suppliers to ensure patient-reported outcome data can be used where it most benefits patients and clinicians, and the initiation of a PROMs collaborative to support implementation.**

This important group pulls together a diverse membership from the value teams across NHS Wales, experts in patient-reported outcomes and technical experts to advise on seamless implementation of PROMs software.

This group is already hard at work troubleshooting PROMs implementation in Wales, all Health Boards now having the technical capability to do this.





POPULATION SURVEY 2023 OECD PARIS



19

19 countries take part

Wales is the only UK nation involved

2 surveys

It's divided into two surveys. One the GP/provider and the other for patients

2



76

76 General Practices

76 sampled NHS Wales GP surgeries signed up and completed the provider element to the survey

25,000 + patients

25,000 plus NHS Wales patients gave us their views and outcomes on NHS Wales



25,000

Looking back at the look forward

The response from our sampled GP practices in Wales (the provider survey) and from our patients surpassed our expectations – more than 25,000 people took part. It has quickly become one of the biggest surveys and richest data sets ever held on GP services in Wales.

The data means we have the exciting opportunity to discover more about people's general health, their quality of life and whether the healthcare services in Wales meet their needs.

We have data to back up the care people receive from their GP practice given the pressures on the service, and with a view to understanding what further resources are needed in the community.

We will ensure this data is made available to NHS Wales and Welsh Government to help build a picture of what life is like for NHS patients.

Importantly, the data will help highlight where NHS services need to improve. It means everyone who took part in the survey will have an important say in what happens in the future.

Minister for Health and Social Services Eluned Morgan said: **“This is a fantastic opportunity to learn more about the care the NHS provides, how it impacts on people in Wales and how it compares with other countries around the world.**

“The findings will help us to understand how people are using GP practices and how the NHS needs to continue to evolve to ensure it keeps on providing the best possible care for the people all over Wales.”

We are expecting OECD PaRIS to publish their official benchmarking report early in 2025.



Our year in detail



Our year in detail

PROMs package

Patient Reported Outcome Measures (PROMs) are a part of the Value-Based Healthcare tool kit to help us all understand outcomes which matter most to people and patients.

As the national programme for VBHC, we have played a variety of roles in PROMs implementation in NHS Wales – from advisors, cultural changers, implementers to designing the technical architecture needed to analyse PROMs at a national level.

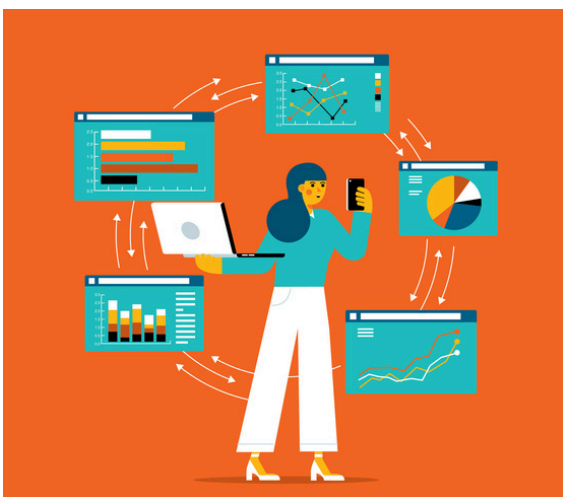
While we know our work with PROMs will continue to evolve, in the spirit of sharing our VBHC journey, we wanted to draw a line in the sand to formalise our learnings around PROMs to date.

In autumn 2023, we published our '**PROMs package**'. It's a document around our experience and learning on PROMs and the human and technical aspects of implementation.

Alongside it are eight case studies, real stories told by the people of Wales – in their own words – who have implemented or are working with PROMs in their field and how they use that data at Micro, Meso and Macro levels. Our PROMs package is available for all and you can find it on our website here: [Patient Reported Outcome Measures – PROMs – Value in Health \(nhs.wales\)](https://www.nhs.uk/health-innovation/innovation-portfolio/patient-reported-outcome-measures-proms-value-in-health) or scan the QR code below.

What next?

We will be adding to our case studies over the next twelve months to widen the breadth of our learning over PROMs implementation even more.



Our year in detail

PREMs

The Welsh Government Framework for Assuring Service User Experience sets out how Health Boards should capture **Patient Reported Experience Measures or PREMs**. As part of that, Welsh Government asked us to work alongside them to refresh the generic core PREMs. They were last updated in 2017, and we wanted to understand if the 11 questions had stood the test of time and were relevant to current service provision.

The main part of this work has been to engage and listen to our communities, as well as key stakeholders within NHS Wales, in designing and delivering services to meet these needs as opposed to the organisational needs of the service.

We are now at the point where the core questions have been consulted on and tested, and that data has been analysed. As a result, the final report into the refreshed PREMs is now with Welsh Government for sign off.

Researching PROMs

PROVISION stands for PROM

Visualisation. PROVISION is the first in a programme of research funded by us at the Welsh Value in Health Centre and run by CEDAR to start asking questions about the current unknowns around PROMs themselves. For example, asking patients themselves what they think about PROMs. How do they react to them? What do PROMs mean to them? How do they think they will be best used to improve their own care? Furthermore, how would they like to see – to visualise – their own PROMs? This is where the PROVISION study comes in. It's qualitative research, holding focus groups with patients in certain clinical specialities.

Little is currently known about what and how patients might want to visualise their PROM data. In May 2023, a narrative review on patient level PROMs visualisation was published by CEDAR.

From October 2023 onwards, focus groups were held with patients where they were asked what they would like to see. The result of that work is being written up now and should be published in the early autumn (2024).

Our year in detail

PSOM

The implementation of our **PROMs standard operating model for Wales (PSOM)** still remains a huge priority and a lot of work has been going on behind the scenes in the last twelve months.

PSOM might not necessarily appear to be a headline grabbing programme, but its importance on PROM collection in Wales cannot be underestimated. It has never been done before and is breaking new ground.

Simply put, on our PROMs journey, it soon became clear to turn PROMs data into national analysis and insights, and to allow us to look at that data at a service organisational level, and to achieve the aim of data being as close to real time as possible - there needed to be a standardised approach to the technical aspects of PROMs implementation across all health organisations.

It is tied in with the All-Wales framework of course, and PSOM is a 2024/25 priority for the national value team.

If you would like to know more about PSOM there is a section devoted to it in our PROMs package which you can access here: [Patient Reported Outcome Measures - PROMs - Value in Health \(nhs.wales\)](#) or by scanning the QR code below.



We also have an explainer animation around PSOM. You can click here to watch it: [PROMs Standard Operating Model \(PSOM\) - Value in Health \(nhs.wales\)](#) or by scanning the QR code below.



Our year in detail

PROMs pathways

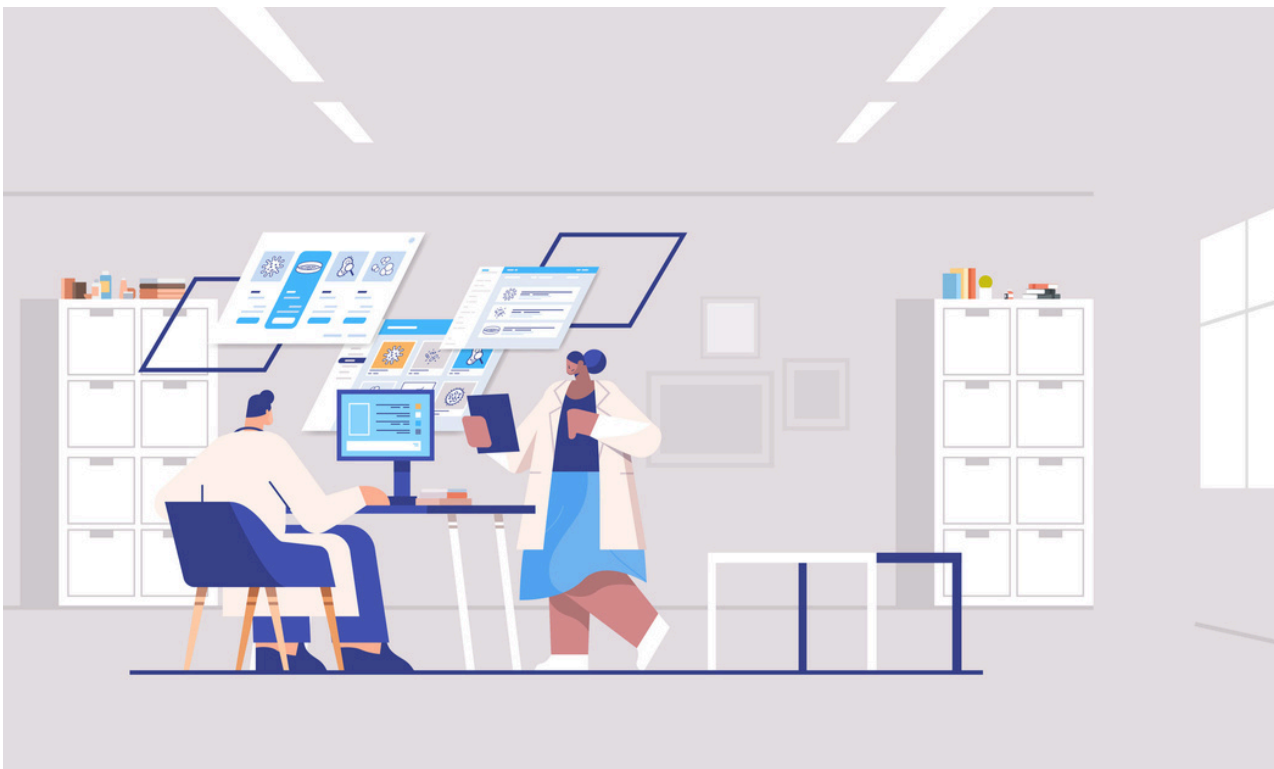
47 is this year's number – the number of **PROMs pathways** that have now been agreed in total.

What are they? We continue to agree nationally, the PROM sets that are required for use in each specialty or condition. Once they are agreed, and when (the schedule) they will be collected is agreed, we call this the PROMs pathway.

You can find the 47 on our website here: [National PROMs Pathways – Value in Health \(nhs.wales\)](https://www.nhs.uk/healthcare-professionals/your-practice/using-proms/national-proms-pathways-value-in-health).

47 pathways means we have now licenced and translated (into Welsh) 66 PROM questionnaires.

Plus, to make sure PROM collection fits data standards and ultimately PSOM, 63 PROM data standard change notices (DSCNs) have been created and signed off by the Welsh Information Standards Board (WISB).



Our year in detail

High Value High Impact Pathways



In November 2023, the Value and Sustainability Board asked the Welsh Value in Health Centre to provide expertise, advice and knowledge in supporting the National Clinical Networks to consider adopting value metrics when considering the design on **new pathways**. The focus for 2024 has been in **five high value high impact areas**;

- Diabetes
- MSK Bone Health
- MSK Hip Arthroplasty
- MSK Knee Arthroplasty
- Heart Failure

And follows a robust methodology in tackling the work (Fig 1).

Work has progressed and the pathways have been designed and approved by the Clinical leads and support networks. A short list (ranging between 6–10) of value metrics have been agreed, and work within the NHS Executive has started to consider how these metrics might be displayed.

Beyond the original five, discussions have been held with the four National Strategic Programmes and National Clinical Networks in considering the next batch of priorities, early conversations suggest;

- Stroke
- Mental Health, including Children and Adolescent MH Services, Eating Disorders and Adult and Older People
- Child Health.



Fig 1

Our year in detail

SWAN clinic evaluation



The syndrome without a name clinic (SWAN) is a pilot in Wales commissioned by Welsh Health Specialised Services Committee (WHSCC).

Rare diseases are a significant health problem often associated with poor outcomes. That includes the impact on patients and their families while they wait to get a correct diagnosis. On average, such is the rarity of some people's conditions, the average wait for a diagnosis is five years.

That is why the SWAN pilot was set up – to improve care for patients with rare diseases with the expectation of providing a diagnosis to patients who have so far been unable to receive one.

We were asked to evaluate the pilot, which our colleagues CEDAR have carried out on our behalf.

At this stage, our team has released interim findings which can be found on CEDAR's website here:

cedar.nhs.wales/files/swan-clinic-interim-report/.

In summary, patients and their families reported positive experiences of using the clinic. They appreciated the multi-disciplinary and holistic nature of the clinic and commented on how this was a stark contrast to their previous experiences of care.

Our year in detail

SWAN clinic evaluation

However, at this early stage the interim findings show the SWAN clinic has not yet managed to reduce the **diagnostic odyssey*** or increase the diagnostic rate.

*A diagnostic odyssey is a term used to describe the long and difficult journey that many rare disease patients and their families have to go on to receive an accurate diagnosis.

This is not the end of the story.

Earlier this year, the SWAN clinic pilot's funding was extended. As a result, our evaluation has also been extended giving the team more time to go further than the interim findings and give a fuller picture on patient outcomes and any update on patient odyssey and diagnostic rate.



Our year in detail

Hand dashboard and costing

Colleagues in Strategic National Programme for Planned care, now part of the NHS Executive, asked us in the Welsh Value in Health Centre whether we could **test the value of changing hand surgery in Wales**. As an example, we mean looking at hand procedures that would not need to take place in one of the hospital's main theatres, but could be undertaken in a treatment room.

They wanted to know which hand procedures could take place out of theatre, what would be the benefits to patients (patient outcomes) and would there be a cost saving by using a treatment room?

To give a real example, Betsi Cadwaladr UHB has set up two minor procedure rooms in two of its hospital sites. To find out more click this link: [Second minor procedure room for hand surgery opens at Llandudno Hospital – Betsi Cadwaladr University Health Board \(nhs.wales\)](#)

Our team helped develop an interactive dashboard to help understand which procedures, under the current guidelines, would be eligible to move into a procedure room. Some of the procedures that could happen out of the main theatres were ones, among others, like carpal tunnel, removal of small tissue cysts and some tendon procedures.

Then towards the end of last year, we worked with our colleagues in Financial Planning and Delivery (now also part of NHS Wales Executive), to look at costings around hand procedures. For example, they costed the typical current pathway (in a theatre) and costed the treatment room pathway. To do this they used the example of one surgeon in Swansea Bay UHB.

In summary, the team found it was double the cost to do a carpal tunnel procedure in a theatre compared to the same procedure in a treatment room.

Our year in detail

Working with IBD

Our work, supporting **inflammatory bowel disease (IBD)** teams and the clinical network across Wales has this year seen us evaluate services, acquire data, use our dashboard to inform service improvement, and provide a dietetic educational video for people with IBD.

Our colleagues at the Centre for Healthcare Evaluation, Device Assessment and Research (CEDAR) are an integral part of our value in health work.

This year, one of the evaluations we commissioned the team to do on our behalf was to look at the impact of changes made to the IBD service at Cardiff and Vale University Health Board (CAVUHB).

The main headline from the evaluation showed emergency admissions were falling as the service change, designed to improve patient outcomes and experience, started to take effect.

It outlined an observed reduction in the number of people with IBD needing to attend the emergency department and needing surgery to manage their condition after the service changes were introduced. Patient feedback was also very positive, reflecting the person-centred approach to care developed by the clinical team.



Our year in detail

Working with IBD



Comparing the figures for 2010 to 2016 (before the service changes began) against 2022, the initial data shows 39% fewer IBD patients went to ED and surgery was down by 30%.

The evaluation concludes the patients it surveyed have a high satisfaction rate with the service, as in how it is meeting their desired outcomes.

One of the high costs in IBD comes from the use of biologics drugs as a treatment. In 2017, the IBD team in CAVUHB worked with global biopharmaceutical company Takeda to secure reduced-priced biologics.

The reduced purchase price was used to support the service changes, using a value-based approach, with the aim of improving patient outcomes and experience.

The changes they made were brought in over a period of time and spanned across the COVID pandemic. They were not overnight changes, which is why the comparable data is over six years.

Some of the service change initiatives were patient-initiated follow up appointments, dedicated infusion rooms (to administer the biologics), an IBD telephone helpline exclusively for IBD patients, patient self-management and hot clinics.

All these measures are designed to reduce the number and severity of an IBD flare, to improve the management of the condition in the community, thereby preventing the need for hospital admissions and invasive surgeries.

Our year in detail

Working with IBD

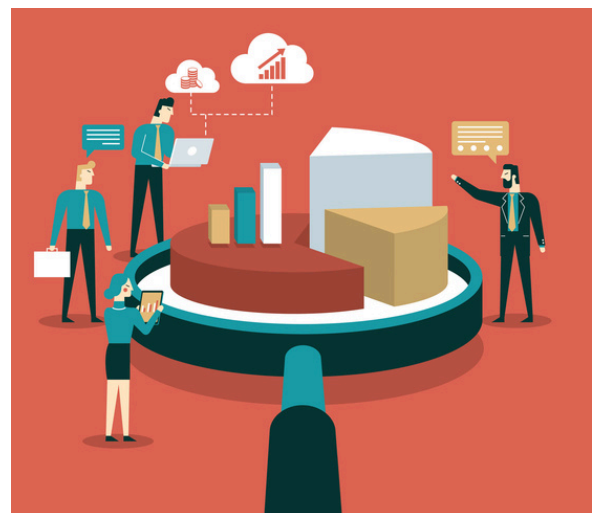
The hot clinics are an excellent example of that. If a patient presented themselves at the hot clinic with an IBD flare up (which can be a common occurrence with the condition), it meant they could be reviewed the same day by someone with specialist expertise. They could have blood tests for example or abdominal X-rays, and receive all the appropriate investigations into their flare there and then.

The IBD team say before the hot clinic, it is likely patients would have been admitted to hospital to have investigations on a ward. This could lead to a one or two day stay. The hot clinic means patients can be seen within a few hours, leave with their results and importantly with strategies put in place to help deal with future flares.

In conclusion, the evaluation report is clear that patients are positive about their experience of the IBD service and that there is an observed reduction in the number of people with IBD needing to attend ED or needing surgery, following the service changes.

However, what the report does recommend is a further analysis around cost benefit and more investigation into the outcome data to understand more about the impact of the hot clinic and the telephone helpline.

You can read the report in full here: cedar.nhs.wales/files/ibd-service-evaluation-report/.



Our year in detail

Working with IBD

This year, our team has continued to work with the IBD network to acquire new and more meaningful data to go in our IBD dashboard. This has helped considerably with insights, understanding waiting lists, people with IBD needing to go to hospital, needing surgery, needing an emergency admission and so on. All this data allows the team to inform service transformation to lead to improving outcomes and experiences.

Finally, in at the end of May last year, we funded and were involved in pulling together a video helping patients with IBD make their own diet choices.

The short film, available in English and Welsh, helps people decide what foods to eat, what to avoid and what to do if their condition flares up.

It's part of our person-centred care portfolio and part of our drive to improve health literacy.

Since launch, the video has been viewed more than 9,500 times.

You can watch it through this link: [Inflammatory Bowel Disease – PocketMedic.org](https://www.pocketmedic.org/Inflammatory-Bowel-Disease)



Our year in detail

Lymphoedema Psychology

Having collected PROMs data for a number of years, the Lymphoedema Wales Clinical Network (LWCN) have accumulated good standardised data allowing them to analyse that data at a meso level.

It quickly identified that **lymphoedema was having a significant psychological impact** on peoples' lives, and there was a clear need for more psychological elements to be introduced into direct care.

We (the Welsh Value in Health Centre) awarded LWCN national funding to appoint a consultant clinical psychologist to the team.

This is a first in Wales and in the UK, as there is no specific lymphoedema psychology support for patients and staff anywhere else in Britain. This service need has been identified by PROM collection, with patients stating what outcomes matter most to them.

If you would like to read more about this, it is one of our case studies in our PROMs package. You can read it by scanning the QR code below or clicking this link: [Case Illustration – Lymphoedema Psychology Programme – Value in Health \(nhs.wales\)](#)



Our year in detail

End of Life

Our team has continued to work alongside the Palliative and End of Life Care Board this last twelve months.

We have progressed work on the **last year of life dashboard**. Additional data sets continue to be added and our team are always looking at any data quality issues. It's hoped we will soon be able to add PREM data to it.

Work has been going on behind the scenes as we build up to collecting PROMs in end of life. That work has involved securing national approval of a **Palliative PROM national set**, the team has identified multiple pilot sites across Wales, and the relevant DSCNs, licencing and translation have all happened to make sure the PROMs and data will be PSOM compliant.

Vascular

Working with the Vascular National lead in Wales, our team helped develop a **bespoke dashboard** which brought together all the activity data along with demographics. This made it possible to draw out insights around changes of activity over time across the three regional centres.

Alongside the dashboard, the team successfully negotiated with the Healthcare Quality Improvement Partnership (HQIP) to bring home the **national vascular audit data** for Welsh treated and resident patients. This means our team in value and the vascular teams can continue to work together using that data to give us all a greater understanding of clinical outcomes and equity of vascular services in Wales.



Our year in detail

MOUs

At the start of 2024, we signed **Memorandum of Understandings (MOUs)** with several strategic partners, one of which was Swansea University's Value-Based Health and Care Academy.

We have worked together for a number of years to promote the understanding and implementation of Value-Based Healthcare (VBHC) in Wales, and have collaborated on Wales' reputation as a leader in VBHC internationally.

The MOU formalises this collaborative partnership and provides great opportunities to consider new innovations and opportunities between both organisations.

You can find more information on the work of the VBHC Academy at Swansea University on its website. Scan the QR code below or click this link: [Value-Based Health and Care Academy – Swansea University](#).



Our year in detail

Value-Based Healthcast

It's been another big year for the **Value-Based Healthcast**. Thanks to our three presenters, Dr David Hanna, Dr Nick Wilkinson and Dee Lowry and thank you to all our guests who have contributed to topics as varied as 'effective collaboration', 'value and sustainability', 'how do you know what your patients want?' and of course our first series of episodes: 'Outdated Outpatients: Welcome to the value revolution.'

You can catch up with any of the episodes on our website by scanning the QR code below or click this link: [Value Based Health Cast' interactive clinical chat show - Value in Health \(nhs.wales\)](#).



Our year in detail

Working internationally

Our work is known wider than NHS Wales, as the Welsh Value in Health Centre has developed an **international reputation.**

Led by our director Dr Sally Lewis, our international work and partnerships are mutually beneficial as we share our learnings with each other.

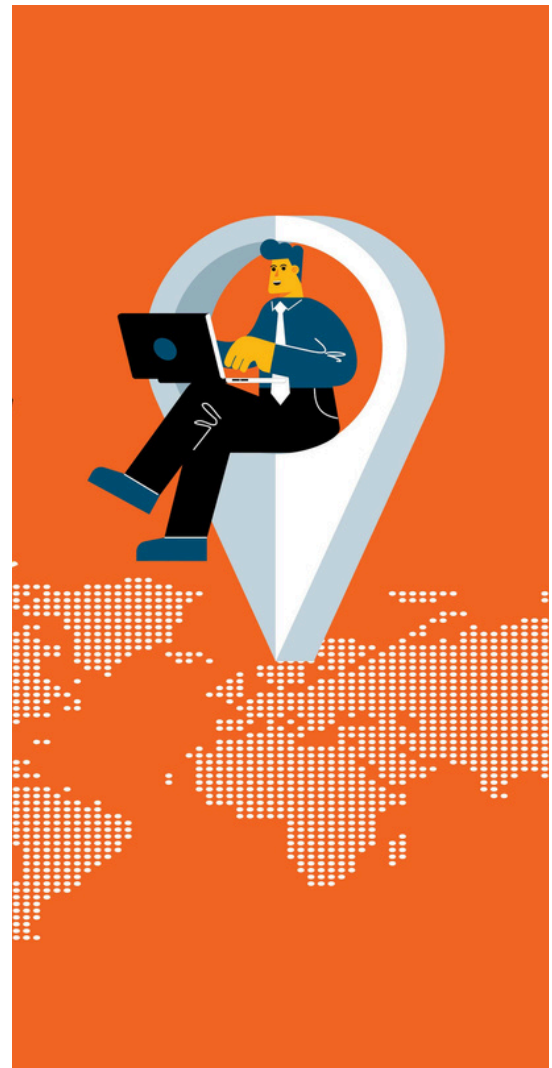
This year we have talked about Wales' story to audiences as far away as Australia, Saudi Arabia, Germany, France, and closer to home with NHS Scotland.

Added to this is our work alongside the G20 Global Innovation Hub and the International Consortium for Health Outcomes Measurement (ICHOM).

Dr Sally Lewis said: **"I am often been struck by the similarity in approach to Value in Health internationally to that of ours in Wales.**

"Value in health is about striving to achieve the outcomes that matter to people and to promoting sustainability in healthcare systems around the world: finance, carbon, and workforce.

"We are all facing the same challenges of rising costs, depleted and demoralised workforce, increased complexity and multi-morbidity in our patients, outdated system and care process design that fails to meet current need, and inequitable outcomes."



Our year in detail

Value in Health week

In November last year, November 27th – December 1st, we held our third **Value in Health week**.

It was all virtual on Microsoft Teams, with the sessions centred on two main themes.

Morning sessions were designed to give an introduction to Value-Based Healthcare in Wales. They were full of the what's, the who's, the how's and most important of all – the why's – asking why does value in health matter?

Our afternoon sessions were more of a 'deep dive' into value – asking how Value-Based Healthcare is making an impact in NHS Wales right now. We heard from some of our 'value voices' and found out how teams got Value-Based Healthcare up and running in their service or their individual Health Boards, and what impact it is having – getting better outcomes for people, reducing waiting lists, making savings?

We had a mixture of panels, discussions, interviews and presentations. All of our sessions were as interactive as possible, and the audience were given a chance to ask questions throughout the week.

Session highlights included:

- Why does value-based healthcare matter?
- Why implement PROMs?
- The role digital health plays in VBHC
- Finance, value and costing
- Personal definitions of VBHC
- Who and what is making an impact in value right now? Two sessions on Value Voices
- A policy view – Welsh Government on value
- The future – what's next for Value in Wales? Senior NHS Wales leaders discuss.

All were recorded and you can watch them here: [Value In Health Week 2023 - Value in Health \(nhs.wales\)](#) or by scanning the QR code below.



The next twelve months 24-25



The next twelve months

NHS Wales Executive



Since the day the Welsh Value in Health Centre was founded by Dr Sally Lewis, the 1st of April 2024 was arguably the second biggest day in WViHC history, as we became part of the NHS Wales Executive.

If you do not know the NHS Wales Executive is a new, national support function. It became operational in April 2023, but we joined twelve months later.

Its key purpose is to:
'Drive improvements in the quality and safety of care – resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health.'

You can find out more about the NHS Executive here: [About Us – NHS Wales Executive](#)

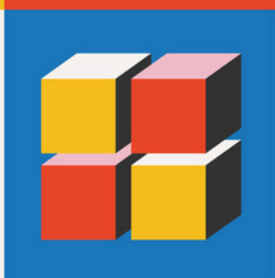
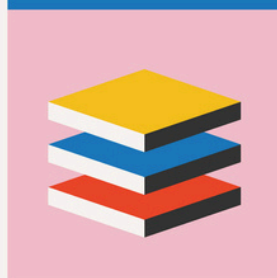
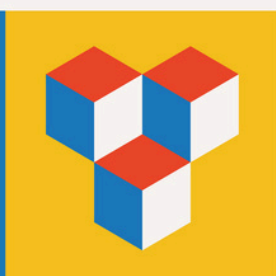
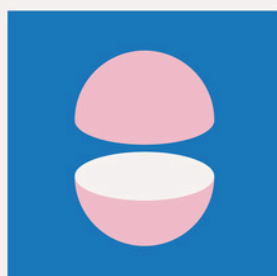
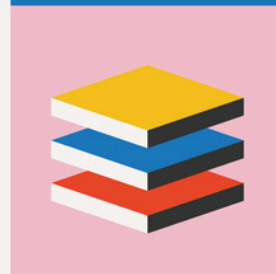
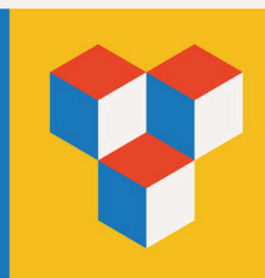
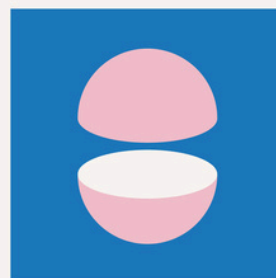
The next twelve months

NHS Wales Executive

We became part of a brand new directorate: Digital, Data, Technology, Innovation and Value (DDTIV).

At the time of writing, our directorate is just a couple of months old and so it is very early days. However, from this point on, our work plan will be the NHS Wales Executive's work plan, as we align with the Executives' priorities.

The nature of our work in value means we are already collaborators with strategic partnerships being one of our key enablers. We feel these skills will benefit us as we establish the Welsh Value in Health Centre in the new DDTIV directorate.



The next twelve months

High Value High Impact

We will continue our work on high value high impact pathways, as requested by NHS Wales Executive. It's likely that the next twelve months will see us asked to do new pathways, in addition to the work on our current five.

Those new pathways could be different than the first phase, in that they could be around services rather than conditions/diseases. For example, we will work alongside the Strategic Programme for Mental Health, and it could be that we utilise our high value high impact pathways into mental health services for example CAMHS or eating disorders.

Standardising data

We know this will remain a priority for us this forthcoming year.

Implementing PSOM alongside the All-Wales framework is really important for us on our value journey and 2024/2025 is likely to be a landmark moment for this work.

We are relentless in our belief that data has to be standardised to allow us to look at our organisations, systems, services, and pathways at meso and macro levels. Without standardised data, it will be hard to get beyond the direct care (micro).



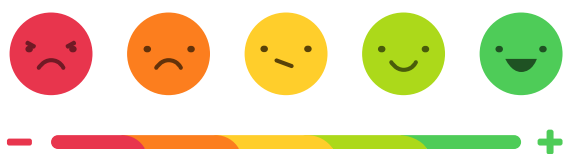
The next twelve months

Population Survey

Fourthly, we finish where we started, with the Population Survey. As mentioned we are expecting the OECD to publish its reports early 2025, where we will be able to see how Wales compares to the other nations taking part.

In the meantime, our team will continue to work with the data, working alongside strategic partners and stakeholders to discover what it tells us about GP services in Wales.

Plus we will focus on how we engage with GP practices in Wales and communicate our findings to the thousands of Welsh public who took the time to do our population survey.



Just a taster

This is just a taster of what our next twelve months will look like. As we said, we are excited about the future and will keep everyone updated on our progress through our website, social media channels and our value-based health-cast.

The Welsh Value in Health Team 2024



Value teams in NHS Wales





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Cardiff and Value UHB has a dedicated team in its Value in Health Programme. They include clinical leads, finance business partners, improvement manager and data analysts.

NHS Wales staff can find out more information about the teams' work on their SharePoint site here: [CAV Value In Health Programme - Home \(sharepoint.com\)](#)

Within three workstreams the team work on numerous value projects in areas like heart failure, supportive care, PROMs and PREMs, diabetes and many more.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Prifysgol Felindre
Velindre University
NHS Trust

Velindre has the newest value team in NHS Wales, coming together last year called the Value Intelligence Centre.

Workstreams for the overall Value Based Healthcare Programme include:

- Pre operative anaemia management (see programme highlighted as the start of the report)
- Value Intelligence Centre
- Food Mission

The vision for VBH and the Value Intelligence Centre is to deliver exceptional services, using linked datasets to identify and deliver continuous improvements that maximise the value, quality, safety, and efficiency of the care our patients and the service our donors receive.

The programme aims to help Velindre UNHST, and the wider system, tackle the key challenges of:

- Poor cancer outcomes in Wales
- Health inequalities across the region
- Increasing demand for blood products and cancer treatment
- Financial constraints [CM(DDoF)]

Examples of some of the teams' work to date would be the development and use of value dashboards in the context of cancer treatment and care. These provide answers to questions instantly removing the need for generating custom reports.

The Food Mission sets a long-term objective that by 2035 the Trust will source at least 70% of food sourced by Velindre University NHS Trust to be Welsh, environmentally friendly or globally responsible and that our people will have access to affordable, healthy food.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board has a Transformation and Value department. The team are focused on improved outcomes, experience and costs for patients in Powys.

One of their major pieces of work has been in the PTHB Community Cardiology service. It improves outcomes and experience through rapid assessment, diagnosis, treatment, ongoing referral pathway and discharge.

The team also used funding from the VBHC allocation fund to work with and support GP surgeries to carry out ECG rhythm assessments using Kardia and Zio mobile devices.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
Cwm Taf Morgannwg
University Health Board

Cwm Taf Morgannwg UHB has a Value-Based Healthcare team. It's a multi-disciplinary team, led by Dee Lowry and part of the iCTM directorate in the Health Board.

You can find more about CTM's VBHC team on its website here: [Value Based Health Care - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](https://www.nhs.uk/healthcare-value-based-care/cwm-taf-morgannwg-university-health-board)

There are also value teams at Swansea Bay UHB, Hywel Dda UHB, Betsi Cadwaladr UHB and Aneurin Bevan UHB.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
Aneurin Bevan
University Health Board



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Our key partners



Canolfan Gwerth
mewn Iechyd Cymru



Welsh Value
in Health Centre

We cannot achieve our programme in isolation.

We rely on other organisations, programmes and teams to help us implement a Value-Based Healthcare system for NHS Wales.

We would like to take this opportunity to say 'thank you' to every single one of our key partners, colleagues and fellow 'value voices' for their work, help and support in the last twelve months.

We are looking forward to working with you in the future.



GIG
CYMRU
NHS
WALES

Y Weithrediaeth
Executive



GIG
CYMRU
NHS
WALES



Canolfan ar gyfer Gwerthuso,
Asesu Dyfeisiau ac Ymchwil Gofal Iechyd

CEDAR

Centre for Healthcare **E**valuation,
Device **A**ssessment and **R**esearch

TECHNOLOGY ENABLED CARE

tec

CYMRU

Our key partners



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru

Digital Health
and Care Wales



Academiau Dysgu
Dwys Cymru

Intensive Learning
Academies Wales



Swansea
University
Prifysgol
Abertawe



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru

Public Health
Wales



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg

Cwm Taf Morgannwg
University Health Board



Technoleg Iechyd Cymru
Health Technology Wales



Hwb Gwyddorau Bywyd Cymru
Life Sciences Hub Wales

Talk to us



vbhc.nhs.wales
gisw.gig.cymru



Welsh Value in Health Centre



ViH@wales.nhs.uk



Welsh Value in Health Centre
Canolfan Gwerth mewn Iechyd Cymru



[@Valuein_Health](https://twitter.com/Valuein_Health)
[@GMICymru](https://twitter.com/GMICymru)



[@welshvalueinhealthcentre6299](https://www.youtube.com/channel/UC...)

We thank you for your
ongoing support of
our programme



Welsh Value in Health Centre

Yr Hwb

Gwaun Elia

Llantrisant

www.vbhc.nhs.wales

vih@wales.nhs.uk