

Embedding Value Based Health and Care

Organisation	Hywel Dda University Health Board (HDdUHB)	Date of Report	07/04/2025	Report Prepared By	Simon Mansfield
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Value based health and care (VBHC) is the equitable and sustainable use of available resources to achieve better outcomes and experiences for every person.

The NHS Wales Planning Framework 2022/25 recognises our overarching system focus must be on safety, equality of access and improving outcomes, with VBHC as the basis on which services should be planned and delivered.

Three areas of focus are listed below, against which organisations should be able to demonstrate process in adopting a VBHC approach in their strategic decision-making, planning and allocation of resources. Organisations are welcome to submit their Value Based Health and Care Plan as additional supporting material.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2024 (covering the period 1 April 2024 to 30 September 2024)
- 15 April 2025 (covering the period 1 October 2024 to 31 March 2025)

Completed form to be returned to: hss.performance@gov.wales

Update on the actions implemented during the current operational year to support the embedding of Value Based Health and Care

	Area Of Focus	Update	Issues and Corrective Actions
1.	<u>High Value, High Impact Pathways</u>	<p><u>Cardiovascular Disease</u></p> <p>The HDdUHB VBHC Delivery fund, provided support for the Heart Failure Project, following evaluation, VBHC funding has now been withdrawn and ongoing service delivery costs will be borne by the distributed cost centres responsible for delivering the service. This ensures that VBHC Delivery Funds can be recycled in FY2025/26 and the evidenced</p>	<p>The realisation of productivity benefits has been difficult to achieve and has required additional effort in undertaking and analysing a clinically led bed occupancy audit to demonstrate the demand for cardiology beds in our acute</p>

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		<p>improvements for Heart Failure patients can be sustainably continued within the Health Board.</p> <p>Through continued funding, HDdUHB have continued with the project to provide enhanced opportunistic screening for Atrial Fibrillation (AF) in podiatry clinics. This work has identified 9 patients previously undiagnosed and untreated for AF, a major risk factor in ischaemic strokes with a first year stroke survivor cost of £45,000 and an annual cost thereafter of £24,000 for life. More recently digital barriers to the use of AliveCor Kardia devices and iPads have been overcome, enabling more efficient screening in all podiatry clinics in place of 12 lead Echocardiograms (ECGs).</p>	<p>environments. This project and subsequent evaluation has led to the Heart Failure initiatives being sustained from core operational funding going forwards and the withdrawal of VBHC funds, which can now be invested in other endeavours.</p> <p>There have been a range of digital and Information Governance challenges that have required careful consideration. These issues have delayed the roll out of AliveCor devices, which are considerably more effective in opportunistic screening when compared to 12 lead ECGs. These issues have now been resolved and the roll out of AliveCor devices has commenced with positive results.</p>

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		<p><u>Trauma & Orthopaedics</u></p> <p>The HDdUHB VBHC Team has worked with T&O colleagues to evaluate the introduction of CMATS Joint school using PROM tools to identify non-surgical interventions and the outcomes associated with them.</p> <p>The HDdUHB VBHC Team has worked with T&O clinicians to develop patient level PROM dashboards for use in clinical interactions and a clinical management dashboard as a tool to consider interventions and outcomes at an aggregate level.</p> <p>HDdUHB is the first Health Board in Wales to introduce the CollaboRATE tool to ensure that decision making processes are shared between patients and clinicians. In addition to this HDdUHB is participating in an international Person Centred Value Based Health Care consortium to digitally capture patient goals and treatment preferences.</p> <p>Some pre-operative PROMS have been collected through patients undertaking orthopaedic prehabilitation. Initial data from 699 prehabilitation patients and 2,764 post operative patients has identified 62 patients who have completed both a pre and post operative PROM for the same joint.</p>	<p>Due to service challenges, the introduction of Joint School has been delayed and therefore PROM data cannot be collected at this pre-operative stage at present. Other pre-operative stages have been identified and the VBHC Team remains poised to support the collection of PROM data once Joint School commences.</p> <p>Pre-operative collection of PROM data remains a challenge, which is exacerbated by the technical limitations of all PROM collection solutions and the lack of integration with WPAS. Urgent assistance is required from national teams in DDTIV and DHCW to prioritise the integration of the Promptly Health solution with national products in both Primary and Secondary Care.</p>

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		<p><u>Bone Health</u></p> <p>The HDdUHB Fracture Liaison Service, supported for a fixed term through the Value Based Health Care Delivery Fund, is now operational with nursing and administrative staff working to identify and appropriately manage patients at increased risk of fragility fractures. Work has been undertaken to project the impact of an ageing demographic and likely increase in hip fractures over the coming years. All benefits of the Fracture Liaison Service will be evaluated against this baseline.</p> <p>HDdUHB have also commenced collecting PROM data for Osteoporosis patients through the Fracture Liaison Service and are the second Health Board in Wales to do so, using the same assessment tools as the National Clinical Lead in Aneurin Bevan Health Board.</p>	<p>While hip fracture data is available through WPAS and the National Hip Fracture Database, it is much more difficult to identify and quantify other fragility fracture sites due to clinical coding issues. This will impact the evaluation of the FLS, which may not take into account the avoidance of other fractures beyond hips. Work is ongoing to undertake a review of clinical records and if necessary, a manual audit will be undertaken and extrapolated to capture and indication of the full impact of this work.</p> <p>Due to the challenging financial environment, the appointment of administrative staff to support the FLS was delayed and has impacted the volume of patients identified and seen at the beginning of the project. This has now been overcome and the service should run as anticipated from this point</p>

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		<p data-bbox="763 405 1041 440"><u>Diabetes Services</u></p> <p data-bbox="763 469 1572 995">HDdUHB has been collecting ICHOM standard PROM data since March 2022 and have a significant volume of PROM data available for analysis. In response to a national specification change, HDdUHB will be shortly transitioning to the new national standard PROM toolset. The VBHC Team are supporting an acceleration of the diabetes remission programme through the local dietetics team. This work directly addresses the projected increases in patients with diabetes, which for HDdUHB are the second worst in Wales after Aneurin Bevan.</p>	<p data-bbox="1594 140 2128 323">onwards. Evaluation will be undertaken on a quarterly basis, with the first formal update due in May/June 2025.</p>

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	<p><u>Other Value Pathways</u></p>	<p><u>Respiratory Services</u></p> <p>HDdUHB, through the VBHC and Respiratory Teams are the first in Wales to use and evaluate the COPE template and track the ongoing referrals to high value interventions. Patients are longitudinally tracked to smoking cessation and pulmonary rehabilitation services.</p> <p>We are currently working to develop an evaluation report for the activity, resources and outcomes of introducing the COPD Optimisation ProjEct (COPE) template.</p> <p>Across Wales, there are 17 General Practices adopting the COPE Template, with six of them in HDdUHB. An initial review of the usage and outcomes of the template has been undertaken. Due to issues in data sharing, a full resource consumption analysis has not been possible. In order to address this issue, work has been undertaken to update the data extraction tool to enable GP surgeries to provide the required information.</p> <p>A Joint Working Group has been established to lead the project over the next six months, with the VBHC Team providing project management and analysis support.</p>	

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		<p>The project will form part of the 2025/2026 VBHC Programme Plan, with a revised completion date of Q3.</p> <p>HDdUHB is also the first Health Board in Wales to use the ACT and CAT PROM tools in Asthma and COPD services. Further work has been undertaken to evaluate if these PROM tools can accurately predict exacerbations of COPD and Asthma with a view to avoiding unnecessary hospital admissions. A literature review has identified opportunities to facilitate remote patient monitoring models. Work is being planned for FY 2025/26 to introduce new models of working and to enable a PROM driven virtual review of some patients.</p> <p>Other remote patient monitoring models have been identified in Obstructive Sleep Apnoea and over 2,000 modems have been purchased to enable Respiratory Physiologists to monitor and manage patients remotely, identify those not using their machines (allowing devices to be reallocated to patients in need), and transition to a virtual follow-up model. The work to transition to a remote management model and associated evaluation will be undertaken during FY 2025/26.</p>	

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		<p>A review of the EQ-5D PROM data for Lung Cancer patients has been undertaken as part of the LungCAST review, with an abstract developed and delivered at the British Thoracic Society Winter meeting in London.</p> <p><u>Lymphoedema Project</u></p> <p>The HDdUHB Value Based Health Care Programme continues to support the national Lymphoedema project with funding for Project Management resources. This work provides education and early intervention for patients with Lymphoedema and Cellulitis, and it is estimated that this generates productivity improvements of approximately £600,000 per annum for HDdUHB patients. Further evaluation indicates that there is waste inherent in the long term prescription of compression garments that could realise £50,000 per annum of cash savings within HDdUHB. This cash releasing saving is planned to be realised in FY 2025/26.</p>	

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		<p><u>Prehabilitation Project</u></p> <p>A collaboration between HDdUHB and University of Wales, Trinity Saint David is continuing to provide nephrectomy patients with a carefully controlled exercise programme to prepare them for surgery. This will support better surgical outcomes as well enabling faster recuperation and a reduction in the use of healthcare resources. This work is still ongoing to work with sufficient patients to undertake a meaningful evaluation. This project will conclude and be evaluated by Q3 2025/26.</p> <p><u>Actue Kidney Injury Project</u></p> <p>A novel project has been initiated to appoint the first Acute Kidney Injury Nurse in Wales. This role identifies AKI patients early and prevents progression to single organ failure and the avoidable use of high cost ITU bed capacity. The project is anticipated to generate over £97,000 of productivity benefits per annum as well as improving patient outcomes. While the project has been significantly delayed, the initial educational work has identified a potential saving of £525,000 over the life of 35 patients through the avoidance of disease progression.</p>	<p>The fundamental premise of the AKI nurse role was to enable a reduction in the use of ITU bed capacity for single organ failure totalling £97,000 per annum. This was to be achieved by the AKI nurse being able to place lines and undertake acute dialysis. To date the AKI nurse has not been able to place lines due to disagreement with Renal colleagues in Swansea Bay. These issues have been resolved, but a further 6 month</p>

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	<p><u>Rapid Value Programme</u></p>	<p><u>Vascular Podiatry Project</u></p> <p>A VBHC project has been approved to appoint a Vascular Podiatrist, who is able to manage patients previously seen by a Vascular Consultant in Swansea. This change in working practice has enabled a saving of £82,500 in commissioned services.</p> <p>In 2023, HDdUHB initiated a separate Rapid Value function, designed to directly address waste inherent in the delivery of services that does not contribute to improved patient outcomes. During 2024/25, The Rapid Value Programme has worked on a range of projects and has been instrumental in developing business cases, operationalising improvements and has resulted in significant cash releasing benefits as well as productivity and quality benefits.</p> <p>In addition to work on the AKI and FLS projects noted above, the Rapid Value Programme has worked on the following projects:</p>	<p>extension of this project is required to fully test the hypothesis. The project will now conclude at the end of October 2025, with a full evaluation.</p>

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		<ul style="list-style-type: none"> • Support the implementation of the Hospital@Home model to include Porth Preseli and CATCH with a productivity gain of £115,000. • Review of current D-dimer pathway and implementation of restrictions for requesting resulting in predicted productivity gains of £36,000. • Implementation of an Ophthalmology Cataract One Stop Clinic reducing the number of appointments by 50% with predicted productivity gains of £10,000. • Implementation of a perioperative urology wellness clinic in March 2025, ensuring the right patients are undergoing operations, with a productivity gain of £35,000 to date due to 7 patients being removed from the theatre list. • Reduction in waste through optimisation of prescribing in the Women’s and Children’s Directorate to include Melatonin, Vedolizumab and Dexamethasone resulting in a cash-releasing opportunity of £66,960. • Introducing bottled nitrous oxide as opposed to piped, reducing waste through leakage, environmental impact as well as staff safety issues with a cash-releasing opportunity of £23,828 in 2024/2024 and £25,250 every year ongoing. 	

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		<ul style="list-style-type: none"> • Supporting directorates to develop board papers (Angharad Ward) with a reduction in locum/agency costs with a predicted cash-releasing opportunity of £60,000. • Supporting Finance Business Partners who led on cost reductions in areas such as Mental Health and Learning Disabilities where the finance team identified over £2,600,000 of savings. • Value review of First Contact Practitioners in Primary Care with predicted productivity gains of between £800,000 and £1,300,000. <p>In addition to the above, the rapid value programme has undertaken value reviews and coproduced papers/recommendations with services to identify low value activity and waste:</p> <ul style="list-style-type: none"> • Women and Children Directorate response to the NHS Executive review of Neurodevelopmental Services. • Women and Children Directorate response to the NHS Executive review of Psychology and Psychology Intervention. • Women and Children Directorate Children's Continence Service. • Evaluation of the Health Pathways Portal. 	

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	<p><u>Other work</u></p>	<ul style="list-style-type: none"> • Therapies review of Early Supported Discharge and Psychology Services in Stroke. • Review of Palliative Care Services across Hywel Dda University Health Board <p>The review of the Rapid Value programme in 2024/2025 identifies productivity gains and/or cash-releasing opportunities for each project equating to approximately £5,041,960.</p> <p>The ‘do the small things’ initiative has moved into the rapid value space, working with staff to explore 15 potential projects, to driving down waste and increasing productivity within the Health Board.</p> <p>HDdUHB has worked in partnership with Aberystwyth University, jointly funding a Professor of Health Economics. The work of this team has been to use a range of data to consider the wider economic benefits of the following services:</p> <ul style="list-style-type: none"> • Paediatric Epilepsy Nurse Service • Lung Cancer analysis (LungCAST) • Same Day Urgent Care • Impact of local procurement of goods and services 	

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		<p>These projects have largely been completed with evaluation and reports currently being finalised. These reports will be available by the end of May 2025.</p> <p>A collaboration agreement has also been developed and signed between HDdUHB and Swansea University Value Based Health and Care Academy encompassing the following elements:</p> <ul style="list-style-type: none"> • Programme to address real world regional Value based procurement challenges with Swansea Bay and Hywel Dda Health Board colleagues. • Development of a programme and materials to enable operational services to develop better Value driven business cases that facilitate changes in service delivery and a shift to higher Value activity. • Development of focused educational offering to better engage clinicians and service leads with the practical application of Value Based Health Care. <p>Delivery of the activities contained within the collaboration agreement will be undertaken during FY2025/26.</p>	

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2.	<p><u>Patient Outcomes and Experience Measures:</u></p> <p>List all the programmes of work that actively collect outcomes, including patient reported outcome measures (PROMs) and patient reported experience measures (PREMS). Describe how these outcomes are being used with patients and clinical teams.</p> <p>Provide detail on the number of PROMs and PREMS issued to date.</p>	<p>Following a successful procurement of Promptly Health, HDdUHB has successfully migrated all live PROM collections onto the new plat form. A total of 27 services are now active on Promptly:</p> <ul style="list-style-type: none"> • Lymphoedema • Colorectal Cancer • Lung Cancer • Bowel and Bladder Service • Dermatology (Melanoma) • Diabetes - General • Rapid Diagnostic Clinic (RDC) • Specialist Weight Management • Dietetics / Diabetes • Endometriosis Service • Heart Failure • IBD Control • Long Covid Service • TWOC (Trial Without Catheter) • Chronic Pain BPS pathway • Chronic Pain Medical pathway • MSK Physiotherapy Core • Spirometry RIW Service 	<p>The single greatest impediment to the acceleration of the Value Based Health Care programme remains the integration of Promptly Health with WPAS, EMIS and the development of comprehensive patient and service level visualisations that are available directly within the systems used by professionals. Initially this should be within WCP and EMIS. This issue has been escalated to DDTIV and to DHCW, but the resolution still lies outside of the control of Health Boards.</p>

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		<ul style="list-style-type: none"> • Trauma and Orthopaedics – Hip and Knee • Trauma and Orthopaedics – Shoulder and Elbow** • Orthopaedic Prehab • Clinical MSK Treatment Service (CMATS) • Asthma / COPD • Ophthalmology – AMD • Fracture Liaison – Bone Health • Respiratory – Bronchiectasis • Vascular Podiatry <p>**Shared Decision-Making assessment (Pilot in T&O Shoulder and Elbows initially)</p> <p>PROM collection in Promptly as of March 2025</p> <ul style="list-style-type: none"> • 23,418 patients have been registered onto Promptly Collect and have received the welcome message. • 1,931 new patients have been onboarded to date during March 2025 • 90,326 PROMs / PREMs questionnaires completed (questionnaires are presented individually in Promptly) • Completion rate for questionnaires across all services – 43.1% 	

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		<p>Single Sign On (SSO) This initiative will enable users to access Promptly using one set of login credentials. Hywel Dda, on behalf of all Health Boards, have completed and submitted the required app registration form to DHCW.</p> <p>PROM responses – data downloads via .csv HDdUHB PROM data is now available to download directly from the Promptly Analyse data exporter platform and is available to all users that require access to the data.</p> <p>Welsh Patient Administration System (WPAS) Integration with Promptly Collect We are currently technically limited to triggering PROMs to patients primarily through outpatient clinics in WPAS.</p> <p>The request from WViHC is to upgrade the existing functionality in WPAS for the NPROM (National PROMs platform) to be turned into FHIR messaging and made available to Promptly Collect, thus meeting PSOM compliance. This will enable PROM triggers from other WPAS transactions, ie, referral, pre assessment and surgical procedures.</p>	

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		<p>Promptly Collect in Welsh Clinical Portal (WCP) PROM responses and patient level visualisations can currently only be accessed via the Promptly Collect platform, this inevitably creates a barrier for clinicians, as it means they must access another system to view patient reported outcome and experience measures, which potentially, means the clinicians would not review and discuss the outcomes as part of clinical interactions with patients.</p> <p>In the absence of full integration, it has been proposed that reverse stapling Promptly into Welsh Clinical Portal (WCP) would enable the PROMs to be accessed and utilised as intended as a short-term solution. HDdUHB has submitted a change request for consideration by DHCW to enable this.</p>	
3.	<p>Environmental Value: Outline the carbon reduction or environmental benefits arising out of a Value Based Health Care approach across the whole pathway of care.</p>	<p>The HDdUHB VBHC Team and Rapid Value Team have worked closely with a range of services to identify and promote remote monitoring and virtual management of patients. This work has been facilitated by the routine collection of PROM data as well as the deployment of technology such as modems to connect CPAP machines.</p> <p>The Rapid Value Programme has worked tirelessly to identify and eliminate waste inherent in the system,</p>	

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		and this has encompassed consumable items, medications and gasses, all of which have an appreciable environmental impact.	

Supporting Information

A VBHC approach requires consideration of the whole pathway of care, so that we make informed decisions regarding optimal utilisation of resources to achieve the best outcomes.

In order to do this, a data-driven health and care system is needed, where decision makers at every level have readily accessible information on patient outcomes, to support decisions on planning the allocation of resources and service design that meets true need across the whole pathway of care.

We achieve value for our population through the sum of all interventions across the pathway:



There are many ways to improve outcomes and sustainability of our healthcare system. In this planning cycle, we are focussing on **interventions that are likely to improve outcomes and optimise resource utilisation**. These are:

- Reducing **unwarranted variation** in care pathway delivery, to release capacity;
- Ensuring that the service listens to **patients' desired outcomes** through the collection and use of clinical data and PROMs and PREMs; and

- Ensuring that **environmental value** is considered in conjunction with patient and social value.

These vital foundation steps in embedding a VBHC approach are set out as **three areas of focus in the template above**. Providing information on progress against these three areas will allow for a consistent picture nationally of VBHC delivery, within an approach that recognises local priorities and population need.

The [Welsh Value in Health Centre](#) can provide support to organisations as they look to embed a VBHC approach, including advice on data collection and analysis, access to information tools, and examples of high-value interventions across a range of condition areas.