

Embedding Value Based Health and Care

Organisation	Hywel Dda University Health Board	Date of Report	16/10/2023	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.

Four areas of focus are listed below, against which organisations should be able to demonstrate progress 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 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

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	Key Actions Taken During the Reporting Period	Outcome/What Was Achieved?	Comments/Context
1.	Demonstrate improvements in the reduction of adverse clinical outcomes (as captured in clinical audit) in chronic conditions.	Continued evaluation of Heart Failure transformation project	Changes to the provision of Heart Failure services through the lens of Value have led to a measured reduction in the anxiety and depression experienced by patients using the PHQ-2 assessment tool.	The focus on Heart Failure improvements has continued through the collection of PROM data and mapping of pathways through a Service Review process, culminating in a Value driven business case. This work

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			<p>There has been an 8.4% reduction in those patients experiencing the worst possible PHQ-2 scores.</p> <p>Simultaneously there has been a 92% reduction in the time taken for patients to be up-titrated on Heart Failure medications following referral. Prior to the implementation of different service models, this took 67.5 weeks, and now only takes 5.5 weeks.</p> <p>This reduction in time to optimise medications has also reduced the risk of unwarranted mortality due to long waits for diagnosis and treatment.</p>	has shown improvements in all target measures, including the PROM outcomes as well as improvements in the speed of optimisation and acute admissions and readmissions.
2.	Delivery programme of PROM collection and sharing PROM data nationally to inform value- based decision making and direct clinical care.	<p>The PROM/PREM collection programme is continuing at scale.</p> <p>Innovative Service Review process being routinely undertaken, supported by the delivery of 8 service level</p>	There are now 32 PROM/PREM collection areas across the Health Board. In 9 service areas, this data has been combined with routine operational data, resource utilisation data and pathway reviews to undertake a Service	While the collection of PROM data at scale is of critical importance, the HDdUHB VBHC Programme is looking to provide a greater focus on selected service areas with the objective of consolidating productivity

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		<p>PROM data analytic reports and resource utilisation data.</p> <p>Development and use of patient level PROM visualisation dashboards</p> <p>Data sharing nationally</p> <p>PROM re-procurement</p>	<p>Review. In support of this, 8 PROM data analytic reports have been developed to describe how a cohort of patients experience their condition. We have also worked with Data Science colleagues to develop 3 PROM dashboards that are being used in clinical practice to focus on the outcomes that are most important to our patients.</p> <p>Data from the HDdUHB systems are being transmitted routinely to the National Data Resource for benchmarking and comparison, and work is ongoing to re-procure a PROM solution from the National Framework and implement this by the end of March 2024.</p>	gains in order to facilitate the cessation of low value activity.
3.	Progress with allocating resources to secondary prevention activities in high volume clinical areas that have a significant influence on	<p>HF Transformation Project improvements.</p> <p>Lymphoedema Improvement Project.</p>	In addition to the improved PROM outcomes for Heart Failure patients, the Value-driven transformation project has resulted in a 51% reduction	Significant work has been undertaken to use the insights developed from a Value based approach to change the way that services are provided. This

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	patient outcomes and utilisation of resources.	Continued support for Chronic pain project. IBD service redesign using PROMs to support virtualised care.	in acute HF admissions and a 45% reduction in Heart Failure readmissions. This has been calculated as 2,700 bed days of productivity gains. Productivity gains have also been identified in the Lymphoedema improvement projects (£538,000), Fracture Liaison Service (£703,000), Treat and repatriate service (£680,000), Atrial Fibrillation project (£124,000) with further value driven business cases identifying opportunities for further productivity gains in Acute Kidney Injury (£96,000) and Chest Pain services (£294,000). Through the Rapid Value programme, work is underway to shift to biosimilar medications with an anticipated full year saving of £884,000.	work seeks to improve outcomes reported by patients, but also aims to ensure that the resources consumed are used to best effect.
4.	Reduction in unwarranted variation and activity of limited value, and	Focus on CVD and T&O to consolidate productivity gains. Fracture Liaison Service.	Through an increased focus in cardiovascular disease, and in T&O and MSK conditions, the	In-spite of the challenges of delivering healthcare in a remote rural location, a value

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	standardisation of best practice pathways which support delivering improved outcomes.	Inflammatory Bowel Disease. Acute Coronary Syndrome. Atrial Fibrillation project. We have established a clinically led rapid value programme, which is identifying and stopping known low value activities. A separate overview of the areas of focus and impact delivered can be provided	VBHC Programme is considering the equitable provision of services and the reduction in unwarranted variation across the Health Board. Illustrations of inequitable service delivery have been addressed in CVD services through improved Heart Failure pathways and less variation in ACS management though the re-implementation of the treat and repatriate project.	based healthcare approach has identified variation in service delivery, which can be triangulated against outcomes reported by our patients.

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 in the short to medium term, whilst organisations build their systems for longer-term value.** These are:

- reducing **unwarranted variation** in care pathway delivery, to release capacity; and
- investment in **secondary prevention** approaches to improve outcomes, minimise harm and reduce acute health care utilisation. Secondary prevention refers to activities which reduce the impact of conditions already diagnosed, with shorter-term favourable impact on outcomes.

We are also asking organisations to invest in their **collection and use of data on both clinical and patient-reported outcomes** to inform value-based decision making and direct clinical care. Measuring cost and outcome data will provide an evidence-base from which to demonstrate improvements in **the reduction of adverse clinical outcomes in priority condition areas.**

These vital foundation steps in embedding a VBHC approach are set out as **four areas of focus in the template above.** Providing information on progress against these four 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.