

Embedding Value Based Health and Care

Organisation	Hywel Dda University Health Board	Date of Report	05/04/2024	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 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 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.	Value activity has focused on key areas to consolidate productivity gains into opportunities for reducing low value activity. Focus areas included Cardiovascular	<u>Respiratory Services:</u> Pilot of COPE COPD template in Primary care being undertaken along with a review of the impact that this has.	The Health Board priority areas and wider VBHC programme encompass the National High Value, High Impact interventions.

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		Disease, Trauma & Orthopaedics and Respiratory services.	<p>Deployment of the Asthma Control Test (ACT) tool and COPD Assessment Tool (CAT) in clinical nurse specialist clinics.</p> <p>LungCAST EQ-5D analysis being undertaken for Lung Cancer patients and work being undertaken to review the diagnostic pathway for Lung Cancer patients.</p> <p>Working with the Interstitial Lung Disease teams to demonstrate the value of introducing a pharmacist into the team.</p> <p><u>Cardiovascular disease:</u></p> <p><i>Heart Failure</i> – continuation of one-stop diagnostic clinic and pharmacy led follow up clinics. This work has led to measurable improvements in the time to medically optimise the treatment of patients as well as the overall PROM</p>	

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			<p>summary score and the anxiety and depression suffered by Heart Failure patients.</p> <p><i>Acute Coronary Syndrome</i> – collaboration with Swansea Bay Health Board to consider supporting seven day working in the Cardiac Catheterisation Lab. This work, if taken forward will drastically reduce the amount of time patients have to wait in admitting hospitals before being transferred to a tertiary cardiology centre for Angiography and PCI.</p> <p><i>Atrial Fibrillation</i> – Enhanced opportunistic screening of AF patients through podiatry clinics and Heart Failure clinics. In identifying previously undiagnosed AF patients and then appropriately anticoagulating</p>	

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			<p>them, avoidable ischaemic strokes can be prevented.</p> <p><u>Trauma & Orthopaedics:</u></p> <p>Working in conjunction with the Welsh Government Planned Care Programme and the 3Ps Waiting Well policy, the VBHC Team are working with the NHS Executive to support the 'Perfect Month Project', to maintain and improve the quality of orthopaedic treatment in Hywel Dda University Health Board, by significantly increasing orthopaedic activity during the month of March 2024.</p> <p>In March, the Health Board launched the 'Joint School' which incorporates the pre-operative collection of PROM alongside the collection of PROM data through the CMATS service and also</p>	

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			postoperatively. These collection points will enable longitudinal tracking of patients throughout their journey and the relative value of different treatment approaches.	
2.	Delivery programme of PROM collection and sharing PROM data nationally to inform value- based decision making and direct clinical care.	Routine digital PROM collection now live in 36 service areas. PROM data is shared with the National Data Resource (NDR) Data visualisation dashboards have been developed for four service areas.	PROM collection has continued at scale across the Health Board and is used to evaluate services, benchmark against national and international peers and to provide vital insight into how patients experience their conditions. The PROM data that is shared nationally is used to populate national dashboards that will be accessible through the Welsh Clinical Portal.	Hywel Dda has a comprehensive array of PROM data that can be used at the macro, meso and micro levels. Visualisation of PROM data is ideally provided directly within the Welsh Clinical Portal, but may have to be provided through the PROM platform as an interim measure.
3.	Progress with allocating resources to secondary prevention activities in high volume clinical areas that	In addition to the priority areas identified above, the VBHC Team are working on a range of projects, some of	Projects being taken forwards focus upon the effective use of scarce resources to avoid low value activity. For	Prevention of unnecessary activity is the root of Value Based Health Care and there is also a stream of work to

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	have a significant influence on patient outcomes and utilisation of resources.	<p>which have been developed into business cases for support through our Value Delivery Fund. These projects include:</p> <ul style="list-style-type: none"> • Fracture Liaison Service • Acute Kidney Injury Project • Prehabilitation for nephrectomy patients • Lymphoedema Improvement Project <p>In addition to the core VBHC Programme, a Rapid Value Programme has been developed to identify and eliminate waste through 90 day sprint cycles.</p>	<p>example, the FLS project is working to identify and treat patients with osteoporosis and provide evidenced protection that will lead to a reduction in fragility fractures and hip fractures in the future.</p> <p>In conjunction, the VBHC Programme and Rapid Value programme have delivered a mix of cost avoidance and productivity gains that have totalled £3.7m during 2023/24.</p>	understand the population drivers for change and primary prevention work required to change the demand upon secondary care services.
4.	Reduction in unwarranted variation and activity of limited value , and standardisation of best practice pathways which support delivering improved outcomes.	Focus on the three priority areas has been undertaken in order to deliver high value interventions equitably across the Health Board. This work has utilised nationally produced documents, such as	The re-introduction of the Treat and Repatriate services has reduced the average waits for NSTEMI patients to be transferred to the tertiary cardiology centre for angiography and PCI by two	

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		the Cardiovascular Atlas of Variation and the National Diabetes Dashboards to identify and address areas of unwarranted variation.	<p>days. This has also addressed variation in waits between admitting sites within Hywel Dda Health Board.</p> <p>Other work in Cardiovascular disease has included the more uniform and efficient management of Heart Failure patients and novel approaches to opportunistically screening patients for Atrial Fibrillation.</p> <p>Following on from the Hywel Dda Advanced Practitioner Programme, a project was initiated to virtually manage IBD patients unless their PROM responses indicated a deterioration. In adopting this approach, unnecessary outpatient appointments can be freed up for those patients who in most need.</p>	

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