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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



		<b>Agenda Item</b>	5.2
<b>Freedom of Information Status</b>		Open	
<b>Reporting Committee</b>	Healthcare Value & Efficiency Group		
<b>Author</b>	Navjot Kalra		
<b>Chaired by</b>	Lynne Hamilton		
<b>Lead Executive Director (s)</b>	<b>Lynne Hamilton and Richard Evans</b>		
<b>Date of last meeting</b>	16 October 2019		
<b>Summary of key matters considered by the committee and any related decisions made.</b>			
<ul style="list-style-type: none"> <li>• Review of Terms of Reference, to include essential membership, strengthening alignment of duties to the National Efficiency and Value Based Healthcare Groups and quoracy. It was agreed that there will be two distinct parts of the meeting- the first with a focus on VBHC and the second with a focus on National Efficiency Framework.</li> <li>• Value Based Healthcare is one of the core elements of the National Efficiency framework.</li> <li>• The 18 months rolling programme working alongside the Finance Delivery Unit is currently being finalised with the vision to focus on improving health outcomes by creating an infrastructure to support the clinicians to provide timely information to patients based on the timely capture and visualisations of PROMS.</li> <li>• The rolling programme will allow to have dedicated roles and responsibilities for the five national projects and accelerate the pace of delivery,</li> <li>• The chair welcomed comments on how future Healthcare Value &amp; Efficiency meeting should run and focus on so these meetings can be maximised.</li> <li>• The national PROMS programme has merged with the national VBHC programme in September 2019.</li> <li>• One of the challenges is that the current conversion rates for PROMS are quite low at the moment both nationally and in Swansea Bay. An external consultancy has been commissioned at the National level to write the strategy for a National PROMS solution.</li> <li>• Swansea Bay are currently piloting Dr Doctor (PROMS solution) in HF and the ambition is to improve conversion rate significantly and to be able to provide the visualisations clinicians in a timely manner.</li> <li>• The national VBHC team will be focusing on the requirement gathering on procuring a scalable National PROM solution which is fit for purpose.</li> <li>• In the meantime. Swansea Bay will continue to collect PROMS in the following areas and will extend where necessary:             <ol style="list-style-type: none"> <li>1. Lung Cancer</li> <li>2. Hip/Knees</li> <li>3. Heart Failure</li> <li>4. Breast Cancer</li> <li>5. Cataracts</li> </ol> </li> <li>• In addition to the above mentioned national projects, there is a very keen interest from clinical community at Swansea Bay to embark on the VBHC journey.</li> </ul>			

- An SOP has been developed to triage the requests and assess them for the suitability for future VBHC projects. Some current projects in pipeline are TAVI- PROMS, IBD, and rheumatology.
- Efficiency opportunities, reviewing the improvement trajectories arising from the model underpinning the Clinical Services Plan and their phasing over the next 10 years, and also the more immediate opportunities signposted from the review of the National Efficiency Framework (and now included in recent letter from Welsh Government).
- The VBHC poster for ELP was presented at the National Public Health Conference.
- The VBHC for ELP has been selected at the Improvement Cymru conference in November.
- Two case studies have been written.

### **Key risks and issues/matters of concern of which the board needs to be made aware:**

- The VBHC portfolio has been reviewed and aligned to both national priorities and the Clinical Services Plan. However, issues remain with resourcing and the Health Board's PROMS solution. As mitigation measures, the Finance Delivery Unit are now providing capacity and direct support, and our regional work with Hywel Dda is also predicated on sharing resources. In terms of PROMS, we have completed a requirements statement and options matrix and a proof of concept project is now underway with one of the key suppliers.
- The PoC has commenced with Dr Doctor for HF pathway. The VBHC team will be monitoring progress closely and an update paper will be presented at the next HcVAEG (November) to share the progress. There needs to be a discussion to have a succession plan post the PoC which ends in January as there may be cost implications.
- There is a healthy pipeline of several projects with engaged clinicians who wish to collect PROMS. However a key pre-requisite to collecting the PROMS is to map the pathway and have a system to capture PROMS. There is a considerable resource constraint and a significant gap in terms of infrastructure to be able to effectively manage this demand and scale up the projects. Examples include TAVI- PROMS, Rheumatology PROMS, IBD Proms and several more. This will have a potential impact on the pace and scale of the VBHC programme and the collection of PROMS.
- The VBHC team are going to support the HF CSP Clinical Redesign group with a view to apply the VBHC methodology to re-design the current pathway for HF.
- Delivery of efficiencies – confidence in the in-year delivery of the high value opportunities (based on efficiency and variation analysis); translating further opportunities into a deliverable pipeline for the IMTP and in particular for delivery in 2020-21; the scale and pace of change and improvement related to the Clinical Services Plan model.

### **Delegated action by the committee:**

- To finalise the Terms of Reference at the next meeting;
- To consider options for getting better attendance at the meeting.
- To consider potential funding sources for the ELP projects, including Welsh Government Invest to Save- The finalised business case to be presented to IBG in November.
- SOP for triaging future pipeline for VBHc projects and keep up the momentum.
- To further develop the Health board's response to the National Efficiency Framework analysis, in the context of the Clinical Services Plan improvement trajectories, and to present this at the October Health Board meeting.

**Main sources of information received:**

- The joint intentions of FDU and SBUHB to develop a shared 18 months plan.
- Update on the National Plan and the pipeline projects.
- Summary of headline opportunities from the National Efficiency Framework.

**Highlights from sub-groups reporting into this committee:**

None.

**Matters referred to other committees**

Senior Leadership Team – 6<sup>th</sup> November 2019

**Date of next meeting**

**Tuesday 12 November 2019**