

The Value Times

Latest news and updates from the Value in Health programme



PROMs

Advice and best practice for
your implementation



VBHC Innovation

Wales leads the way with
World Economic Forum



Diabetes

Using data to improve
outcomes



The evolution of PROMs collection in Wales

Patient Reported Outcome Measures (PROMs) have been collected for several years and in a variety of ways by clinical teams, across many Health Boards and Trusts in Wales. Initially using paper based PROMs, progressing to single specialty electronic platforms and then thanks to Welsh Government investment, the National PROMs platform (NPROM) which launched in 2016. NPROM has received over 100,000 patient interactions to complete PROMs forms since 2016 and has PROMs pathways (forms and schedules) established for 34 individual condition/speciality areas.

As the understanding and benefits of collecting PROMs has grown at both strategic and clinical level across Wales, some Health Boards and Trusts have invested in third party platforms that enable PROMs collection as well as broader digital interaction between staff and patients.

Over recent years the digital strategy for Wales has shifted from a focus on centrally developed 'Once for Wales' platforms, such as NPROM, to an open architecture approach which is based on interoperability and data standards. Allowing organisations to diversify their digital solutions

to ensure they meet local needs, whilst still supporting the vision of capturing data once and enabling that data to be used multiple times across the system.

To reflect the changing needs of organisations and the broader digital strategy in Wales, NPROM will move into what is termed 'maintenance mode' from July 2021. This means that no new functionality will be developed in the system however support and maintenance for existing (6 Health Boards) and future users will remain unchanged. This move will also have no effect on any PROMs that are currently being collected in NPROM, which will continue as normal until organisations fully deploy an alternative local platform. A process will also remain in place for the development within NPROMs of any new nationally agreed PROM forms, providing that the requirements can be met using the existing and available NPROMS functionality.

If you have any questions, or would like to discuss this development then please email vih@wales.nhs.uk and one of the team will get back to you.

What's inside...

The evolution of PROMs collection in Wales	3
How to collect and make the most of your PROMs	4
Bringing data to life for better decision making	6
We're taking the lead on a world stage	7
Staff and technology come together to enhance outcomes for patients in Swansea Bay University Health Board	8
A value-based approach to digitising services for patients with Lymphoedema in Wales	10
Using data to enact positive change for diabetes outcomes in Wales	14
The OECD PaRIS initiative – a global collaboration delivering value-based care for patients in Wales	16
The Value-Based Health and Care Academy – a global first for Wales	18
Working together, delivering value	19

How to collect and make the most of your PROMs



Patient Reported Outcome Measures (PROMs) are widely regarded as a vital tool to help tackle many of the challenges we face in order to sustainably deliver high quality care for all. They are also a fundamental component in moving to a value-based approach to healthcare – a must for the Value in Health programme.

In order for us to understand how PROMs are being collected and used, we recently undertook an assessment across the seven Health Boards and a Trust in Wales. Led by our Assistant Director for Health Informatics and Analytics, Said Shadi, the assessment highlighted a number of common themes and challenges that we collectively now need to address.

There are a number of PROM platforms in use within Wales, collecting across a wide range of different care journeys. Although there are a number of nationally agreed condition specific PROMs forms used within defined populations, we are still finding high levels of variation in the data collected across different providers and organisations. Ensuring that we all have a standardised and consistent approach, no matter what platform

is being used, will help us achieve a number of shared goals, which include:

Enable Health Boards and Trusts to access and link longitudinal PROMs data for resident and treated patients at both patient, pathway/condition and population level with other locally and nationally held datasets (such as clinical outcome, activity, case mix variables and finance) to support patient care, service improvement and optimising outcomes.

Empower patients to play a more active, confident and informed role in their own care, help facilitate shared decision making and improve their health literacy and self-management of conditions where possible.

Support National Clinical Groups and Networks with their ongoing improvement and transformation agendas by feeding easily accessible data dashboards developed by the Value in Health team that bring outcomes (clinical and patient reported), activity, case mix and finance data to life at both local and national level to achieve whole system learning and improvement.

To that end, the Value in Health team has developed a PROMs Standard Operating Model (PSOM) that sets out the principles and approach to achieve standardised collection and processing of PROMs, regardless of the platform in which the data is collected.

The PSOM defines data standards based on Data Standard Change Notices (DSCNs) for the nationally agreed PROMs, to support data collected via third party providers to flow into DHCW/NDR to feed Value in Health national products such as dashboards and data visualisation tools. Each of the PROM DSCNs relate to 4 components: patient demographic, PROMs questions (the licenced questionnaires), associated metadata to support data linkages and minimum PROMs longitudinal pathway collection points. The DSCNs will also provide a common approach, structure and data format that organisations will be able to adopt for local PROM pathways that are not nationally approved.

Separately, in collaboration with the NDR Programme, interoperability technical standards based on HL7 FHIR are being developed.

To support NHS Wales and PROMs providers implement these data and interoperability standards, the Value in Health team has

developed a functional specification that Health Boards and Trusts can use when going to market to procure a PROMs system. The specification can also assist third party providers to develop their products to support the upscale operational use of PROMs across a healthcare system.

If you are in the process of procuring a platform to support PROMs collection, our specification document will help you adopt a standard approach to the collection of PROMs that will limit the number of interfaces you need to build into local warehouses and onwards into the national PROMs repository to support aggregation, comparison and benchmarking.

Said Shadi and his team recently delivered a series of virtual roadshows explaining the PSOM to CIOs, ADI and CCIO colleagues. And, the functional specification has since been shared with our Value in Procurement colleagues and some health boards.

If you or a team you know are embarking on a journey to collect PROMs, please email vih@wales.nhs.uk to arrange a quick chat. We can guide you through the process and help you get on with the most important job of using PROMs to improve patient outcomes, as quickly as possible.

Bringing data to life for better decision making

Bringing data to life through the effective collection, combination, analysis, presentation and utilisation of different data sets is a fundamental component in achieving value-based healthcare. One of our main programme goals relates to Health Informatics and Analytics and is all about working to ensure we achieve this for NHS Wales.

Linking different data sets and presenting these to help tell a story or answer questions is how we bring information to life. Using graphs, charts, diagrams and other tools, aids greater understanding for users, which in-turn supports better decision making that improves outcomes for patients.

We have already created a number of 'National Data Dashboards' that combine and visualise a wide range of information relating to clinical outcomes, secondary care activity, case mix variables, mortality, and socio-economic factors for specific clinical areas, including: Lung Cancer, Knee Arthroplasty, Heart Failure and Myeloma. These innovative dashboards are being utilised by clinical teams, special interest groups, clinical networks, support functions and other stakeholders to inform better decision making.

Thanks to feedback from stakeholders who have been using the National Knee



Arthroplasty Dashboard has actually informed a series of dashboard improvements, which will soon be released in to the live environment. These improvements including enriched data from new sources, adding greater detail to existing visualisations and more explanations that will improve user experience.

We also have 3 brand new dashboards in the final stages of development, which will be released soon for: Inflammatory Bowel Disease, Hip Arthroplasty and Lymphoedema.

If you would like to find out more about our dashboards or would like access to them and explore these tools for yourself, please email vih@wales.nhs.uk or you may be able to access them directly by clicking [here](#)

We're taking the lead on a world stage

Earlier this year, the World Economic Forum launched its Global Coalition for Value in Healthcare. It's aim? To eliminate ineffective spending on global health.

Following a rigorous selection process developed by the Boston Consulting Group, our Value in Health programme for NHS Wales was announced as 1 of 4 innovation hubs across the world. Identified as progressive in our approach to value based healthcare, together, we are the inaugural cohort of the Global Coalition for Value in Healthcare.

Since then, we have been working closely with the World Economic Forum to map our Global Innovation Hub Engagement Pathway for the next 2 years. Broadly, our pathway encompasses 3 main components:

- » **Community building and establishing our network.**
- » **Content generation and thought leadership.**
- » **Knowledge sharing.**

The Value in Health team, along with many other stakeholders will be working collaboratively with our cohort to codify best practices, benefit from peer-to-peer support and create content that puts Wales at the forefront of thought leadership around value based healthcare.

This accolade will be a great opportunity for us to accelerate the adoption of value based healthcare and in so doing, enable our Health Boards and Trusts to improve outcomes for patients whilst optimising the use of our available resources.

Although our association with the World Economic Forum will primarily benefit our health and care sector, the access to knowledge it offers should be seen as a real opportunity for other business, political and civil organisations throughout Wales too.

We are already working to ensure that we realise the maximum benefit from being part of this prestigious coalition. Watch this space for future updates and exciting developments from our involvement in the coalition.

Staff and technology come together to enhance outcomes for patients in Swansea Bay University Health Board



We're delighted to see that Swansea Bay University Health Board (SBUHB) are on a journey to transform the way they deliver services, empowering patients to become more involved in decisions about their health outcomes and involving them to shape how services are designed for the future.

Introducing platforms that support digital communication with patients is an important component when taking a value based approach to health care. A key component in the SBUHB journey is their Digital Strategy which has a number of objectives, including the use of technology to empower patients.

Swansea Bay Patient Portal (SBPP) is a digital tool that has been piloted in a number of clinical areas to give patients better access to their own test results, enable direct communication with their clinical teams and record their own health information.

One of our roles at the Value in Health

programme is to encourage the embedding of a value based approach to health care across NHS Wales. The Digital Services team at SBUHB reached out and asked if we could help them evaluate how effective the SBPP pilot had been in relation to a number of key performance areas.

Kathleen Withers from CEDAR (an NHS-academic evaluation centre which supports the Value in Health programme in Wales) was deployed and was supported by a small advisory team from SBUHB. The evaluation was a mix of qualitative and quantitative data, collected via surveys and face-to-face interviews with staff and patients from the Urology and Dermatology departments. The aim was to find out what staff and patients think of the SBPP and its ease of use. The interviews also aimed to identify the challenges of the current system and to suggest areas for improvement.

The staff feedback illustrated mixed

opinions on the SBPP in relation to usability and benefits. There was enthusiasm for the portal from a number of staff, with several advantages from a healthcare system perspective. However, many clinical staff suggested that improvements to the system are required first to enable it to fulfil its potential.

Alternatively, the patients experience with the SBPP was considered good overall, with 86.4% of respondents providing feedback that was very positive.

Even where some issues or improvements were suggested, enthusiasm for SBPP from the majority of patients was very clear throughout the interviews and was evident across the tone and context of the discussions. Most of those interviewed were very happy to have access to the portal and many were keen to see its use continue and be extended.

It's clear that SBUHB are building the skills, capacity and capability to deliver a value based approach to health care. The introduction of

SBPP is encouraging patients to become more engaged and the ability to access their own health records will support them in making better decisions about their health and care, as well as providing opportunities to improve efficiencies and outcomes for the whole system.

SAVE THE DATE! 8TH NOVEMBER MONDAY

Value in Health Week 2021 is coming from Monday 8th November.

Get ready for another week crammed with discussions, workshops and presentations relating to value based healthcare projects in Wales and beyond.

More details coming soon.



A value-based approach to digitising services for patients with Lymphoedema in Wales

The year of the pandemic was difficult for a lot of people for a whole host of reasons, but remarkably it presented opportunity for some services to re-think about how they provide care.

Unsurprisingly, it expedited the need to focus on digital transformation and a key ambition of modern Lymphoedema services in the digital era is access to PROM-led care for all, particularly as services responded to the Covid-19 pandemic by combining virtual appointments with the standardisation of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs).

Without the standardised collection of PROMs, treatment might not always be based on what the patient values as important. This can be problematic, given that the impact of Lymphoedema is profound, affecting functional, social, emotional and physical wellbeing.

The aim of this initiative is to drive quality and efficiency by improving the way information is shared between patients and Lymphoedema services, ensuring assessment and treatments

are focussed on what matters most to patients.

Traditionally, services relied on in-person and tactile assessments along with patient reported symptoms. However, without PROMs, discussions with patients may vary. So, a Lymphoedema specific PROM tool (LYMPROM©) was developed using years of experience of outcome measures to support patients to communicate the impact of their Lymphoedema.

LYMPROM© was drafted in collaboration with patients and therapists as existing PROM tools were insufficient to meet the needs of our patient population. This involved key stakeholder perspectives including the patient and staff. Patient representatives

were also invited to contribute to the development of LYMPROM© and have been involved in the development since 2016. Whilst LYMPROM© is being validated for wider use (Gabe-Walters and Thomas 2021), initial data is promising. The chosen patient platform for LYMPROM© has been around for several years in other condition areas and it made sense to continue using a familiar platform for our patients to mitigate against expected integration challenges.

The common operating model was then developed in collaboration with Lymphoedema services in Wales. Ahead of implementation, clinical leads and key Health care workers in the three Health Board had three separate meetings talking through the common operating model so that all were aware and understood.

At the start of the pandemic, patients and therapists were able to flexibly use their preferred video platform until an All-Wales NHS approved solution was procured. Patients' feedback on telephone appointments were reviewed by therapists who identified that patients wanted to have contact with their Lymphoedema service but that there was also a need for visual information and additional support. Likewise, the staff survey echoed these findings. As a result, the home measuring guide and virtual guides (Noble-Jones et al 2021) were developed.

With support of the Value in Health Programme, the ambition is to enable all organisations to standardise the collection of PROMs using a common operating model to allow for an equitable service across the country. Within this opportunity, Lymphoedema services are increasingly collecting electronic Patient Reported Experience Measures (PREMs)

and All Lymphoedema Services across Wales use the same referral and assessment forms and collect the same data for national comparison.

Owing to the unexpectedness and pressures of 2020, a big bang approach was taken to adopting virtual Lymphoedema appointments in Wales. All Lymphoedema services in each of the seven Welsh Health Boards launched telephone and video-based appointments in reaction to curtailed in-person contacts. Video appointments were initially accessed by opportunity, until an approved software was procured for NHS Wales. This approach supported services to maintain a comparable number of patient contacts compared with the previous year.

Without pressing need, integration of electronic LYMPROM© was phased at the Health Board level thereby enabling each Health Board to adapt to the new ways of working and share their experience. Three out of seven Welsh Health Boards are now using a web-based patient portal to host LYMPROM© within a common operating model to ensure new

highlighted a need for dedicated time for therapists to review LYMPROM©. In being able to streamline appointment mode and consider the patient reported impact of Lymphoedema, services can ensure quality and efficient Lymphoedema care.

Given that initial data appears to indicate variance in the impact of some of the LYMPROM© items across the life course there may be further opportunities to ensure fit of service to need. This is an interesting finding which will enable therapists to provide individual support but to also enable services to plan.

In broadening appointment modes and widening easy access to LYMPROM©, therapists should be better equipped to prioritise patient contact: seeing those with greatest needs, focusing care on what matters, prioritising in-person contacts and reducing the time patients spend completing paper-based PROMs in clinic.

Using this method, we understand patients with the greatest need are prioritised and those with low need can be discharged. Importantly using this method has seen a significant reduction

...clinical outcomes and experience data, the opportunities for service improvement are endless.

in 'Did Not attends' (70%) and 'Unable to attends' (66%) across the Network. This would equate to an annual potential saving of £111,273 in therapist costs! If we then begin to look at this data in a controlled and combined way with patient reported outcomes, clinical outcomes and experience data, the opportunities for service improvement are endless.

And so, as the world slowly settles into a 'new normal', many services are maintaining this hybrid approach to providing care. The LNW recognises the need to frequently review progress and a dedicated team works with Health Boards to understand challenges and opportunities for improvement. It is the ambition of LNW and colleagues across Wales that embedding PROMs into the day to day use for consultation and to inform triage is the future for a sustainable and equitable service for Lymphoedema patients.

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Using data to enact positive change for diabetes outcomes in Wales



DIABETES Insights & Variation Atlas: 2018/19
Contents & Selection Controls

GIG | Finance Delivery Unit
NHS | Uned Gyflawni Cyllid
Diabetes Insights & Variation Atlas

OVERVIEW & BACKGROUND

The Diabetes Insights & Variation Atlas provides access to data to support the review of Diabetes pathways, patient outcomes, interventions and socio-economic factors; to identify variation and potential drivers for variation in outcomes for patients. The atlas can be used to support decision making towards the optimum placement and effective utilisation of resources to drive improved outcomes for patients.

Variation in outcomes may imply variation in patient education, service provision and access to services, medicines management, interventions and holistic care. Such variation can lead to increased short and long-term adverse consequences for people living with Diabetes (PWD) and it is essential that we are able to identify where this variation is unwarranted. Equally and alongside understanding unwarranted variation, by using the data within the Atlas to generate insights and hypotheses to variation in outcomes, innovation in practice and opportunities for innovation may be highlighted which in turn could provide solutions for improvement. The application of solutions can be further tested through a link to outcomes later achieved. By reducing variation across the system in Wales and allocating resources most effectively for patients, we can strive to provide the best value for patients.

Due to the multiple health implications of Diabetes, the Atlas currently analyses three sub-specialty pathways: foot disease and amputations, eye disease in Diabetes* and Diabetes in pregnancy*. The Atlas currently excludes Welsh Residents treated in England*.

**Coming soon*

Filter the Atlas by:
Sub-Specialty Pathway

- Amputations
- Eye
- Pregnancy
- Reference Datasets

KEY:

- Description of chart and data source
- Drill-down ability within the chart
- Hover over the chart for further analysis
- Filter/Slicer Function
- Back to Contents & Selection
- Hover over these on each tab for further detail.

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CONTENTS

Inpatient Outcome Summaries:	Mortality:
Commissioner Health Board	Overview
Provider Health Board	Deaths during Admission
GP Cluster	Deaths within a Year of Discharge
GP Practice	Diabetes Management:
Prevalence:	Blood Glucose (HbA1c) Tests
Registered People Living with Diabetes	Screening (Coming Soon)
Inpatient Analysis:	Diabetes Intervention:
Commissioner Health Board	Primary Care Prescribing
Provider Health Board	Insulin Prescribing (Coming Soon)
GP Cluster	Risk Factors:
Site of Treatment	Deprivation
Case Mix	Smoking
Dominant Procedure	Healthy Weight
Admission Method and Point of Delivery	Premature Deaths
Treatment Specialty:	
Selecting a specialty will focus the results of all inpatient activity data within the atlas.	<input type="checkbox"/> Select all <input type="checkbox"/> Anaesthetics <input type="checkbox"/> Cardiology <input type="checkbox"/> Critical Care Medicine <input type="checkbox"/> Endocrinology

In 2020, Wales reached the significant milestone of exceeding 200,000 people diagnosed with diabetes; an additional 10,695 people were diagnosed in 2020 alone. The total equates to 8% of the population aged 17 and over now living with diabetes – the highest prevalence in the UK.

Around 90% of these people have type 2 diabetes. Current estimates suggest that around 65,000 more people are living with type 2 diabetes in Wales, but have not yet been diagnosed. A further 580,000 people in Wales could be at risk of developing type 2 diabetes.

A continuation of the current growth rates indicates 311,000 people will have diabetes in Wales by 2030. This has to be considered as one of the most incendiary and widespread health emergencies Wales faces today.

It is well researched and reported, that the management of multiple complications associated with diabetes, is a significant burden to people living with the condition and the care required utilises a large proportion of NHS resources. In addition, it is well documented that many of the adverse outcomes associated with the complications of diabetes are preventable.

With this background and context in mind, the Value in Health programme is enabling a diabetes project which includes the development of the Diabetes Insights and Variation Atlas.

Led by Dr Julia Platts (National Clinical Lead for Diabetes) and Claire Green (Assistant Director for the Finance Delivery Unit), the Atlas provides access to data that supports the review of diabetes pathways, patient outcomes, interventions and socio-economic factors.

When asked what she hoped the Atlas would achieve, Dr Julia Platts said:

“The Diabetes Insights and Variation Atlas provides an opportunity for healthcare planners, healthcare providers and stakeholders to gain valuable knowledge into the real-world factors that determine the outcomes for people living with diabetes, and to use this knowledge to provide better services which make a difference where it really matters.”

This project is developing a proof of concept which adopts a value based approach that connects patient outcomes and utilisation of resources through data integration and visualisation. Utilising both primary and secondary care data from 2018/19 to establish a baseline, the Diabetes Insights and Variation Atlas provides a rich and enlightening picture across the entire pathway for people living with diabetes in Wales.

The Atlas has already been shared with clinical leads, members of the diabetes network, Value in Health and Finance Delivery Unit teams for scrutiny. The plan is for it to be rolled out more widely over the coming weeks too. User feedback will inform iterative improvements that enrich the Atlas further, allowing us to innovate our approach to diabetes, rather than continuing to do the same and expect different outcomes.

If you'd like to find out more about the Diabetes Insights and Variation Atlas then please email vih@wales.nhs.uk today.

The OECD PaRIS initiative – a global collaboration delivering value-based care for patients in Wales



What is the OECD PaRIS initiative?

Patient Reported Indicator Surveys (PaRIS) is an initiative from The Organisation for Economic Co-operation and Development (OECD), where countries work together on developing, standardising and implementing a new generation of indicators that measure the outcomes and experiences of health care that matter most to people around the world.

Despite being one of the fastest growing groups of health care users, we still know very little about whether people living with chronic conditions are receiving and experiencing care that makes a difference to them and meets their needs.

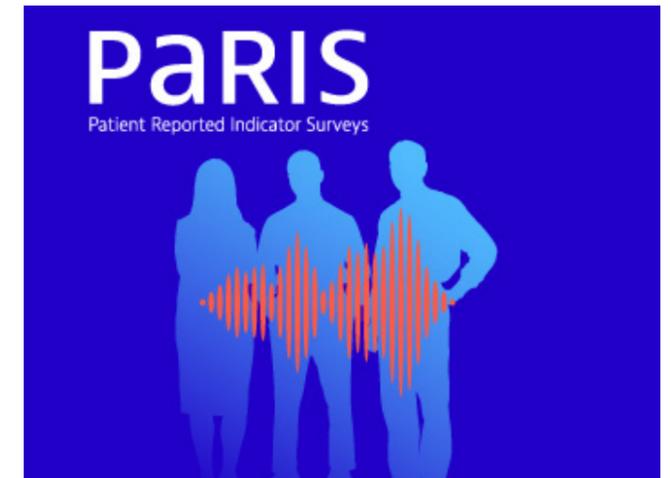
This flagship initiative involves countries across the world, working together to develop, standardise and implement an internationally comparable patient survey that measures the outcomes and experiences that matter most to people living with chronic conditions. It is the first of its kind to assess the outcomes and experiences of patients managed in primary care across different countries. It aims to fill a critical gap by asking about aspects of healthcare like access to care and waiting times, as well as quality of life, pain, physical functioning and psychological well-being.

Supporting the Value-Based Health Care agenda in Wales

The PaRIS initiative sits firmly within our programme vision of “improving health outcomes that matter most to people in Wales” and the survey will form an integral component in our data driven systems going forward. We will be able to explore several key issues, including: what do people with chronic conditions feel about their own health and care? Do people with chronic conditions feel involved in decisions made about their care? Are they achieving the outcomes that matter most to them? How do outcomes and experiences vary with people from different socio-economic backgrounds?

The PaRIS survey will allow patients to have their say on their outcomes and experiences, help health care providers to understand how they can improve the quality of the care they provide, and provide decision makers with better information so that they know where to focus quality improvement efforts and where to reinvest resources. Creating system that focuses on doing more of the things that help patients the most. Ultimately, we can look at how we are currently delivering primary care services to people with chronic conditions, and work out how we can improve them so that they help deliver the best results, and help support the vision of “A Healthier Wales”.

Our participation in this programme also offers an unprecedented opportunity for international benchmarking, collaboration and shared learning of the best international value-based practices.



Who and what is involved?

The initiative in Wales is overseen by Dr Sally Lewis (Clinical Lead for Value in Health), coordinated by Cardiff University researchers Dr Andrew Carson-Stevens (Strategic Director) and Dr Natalie Joseph-Williams (National Programme Manager), and supported by the wider Value in Health team.

We are currently finalising the patient and provider surveys for use in Wales – which includes cognitive testing and Welsh translation. A field trial of the surveys will commence during early 2022. For the field trial, we will be looking to recruit around 25 General Practices across Wales who can help us to distribute the survey to around 1250 patients.

If you would like any further information about the PaRIS Programme in Wales, please email Dr Natalie Joseph-Williams at josephnj1@cardiff.ac.uk

Alternatively, you can visit the OECD PaRIS webpage: <https://www.oecd.org/health/paris>

The Value-Based Health and Care Academy – a global first for Wales



education as well as masterclasses and symposia alongside research and consultancy opportunities in Value-Based Health and Care.

Hamish Laing, Director of the VBHC Academy and Professor of Enhanced Innovation, Engagement and Outcomes at Swansea University, said:



The VBHC Academy, part of the Welsh Government Intensive Learning Academy (ILA) Programme, is a Hub in Wales for international learning and leadership in VBHC. We are proud to work closely with the Value in Health team and delighted that we can offer generous scholarships for professional learners from health, social care and the third sector in Wales.

Embedding a culture of value is an important component of the primary goals for Value in Health. In order for this to be achieved, there needs to be a foundational understanding of Value Based Healthcare given to all staff across NHS Wales. There then needs to be an opportunity for staff to enhance their knowledge and lead in the implementation of a value based approach for health and care services in Wales.

The Value-Based Health and Care (VBHC) Academy at Swansea University is the first of its kind, globally, dedicated to supporting leaders and organisations in the successful adoption of VBHC. The Academy works alongside the Value in Health programme in Wales and is affiliated with the European Alliance for Value in Health.

Designed for senior and aspiring leaders within the health, social care and life science sectors, the academy offers master's, doctoral and executive level



You can read more about the learning opportunities available through the Value-Based Health and Care Academy by visiting www.swansea.ac.uk/som/vbhc-academy or you can email the team at vbhcacademy@swansea.ac.uk



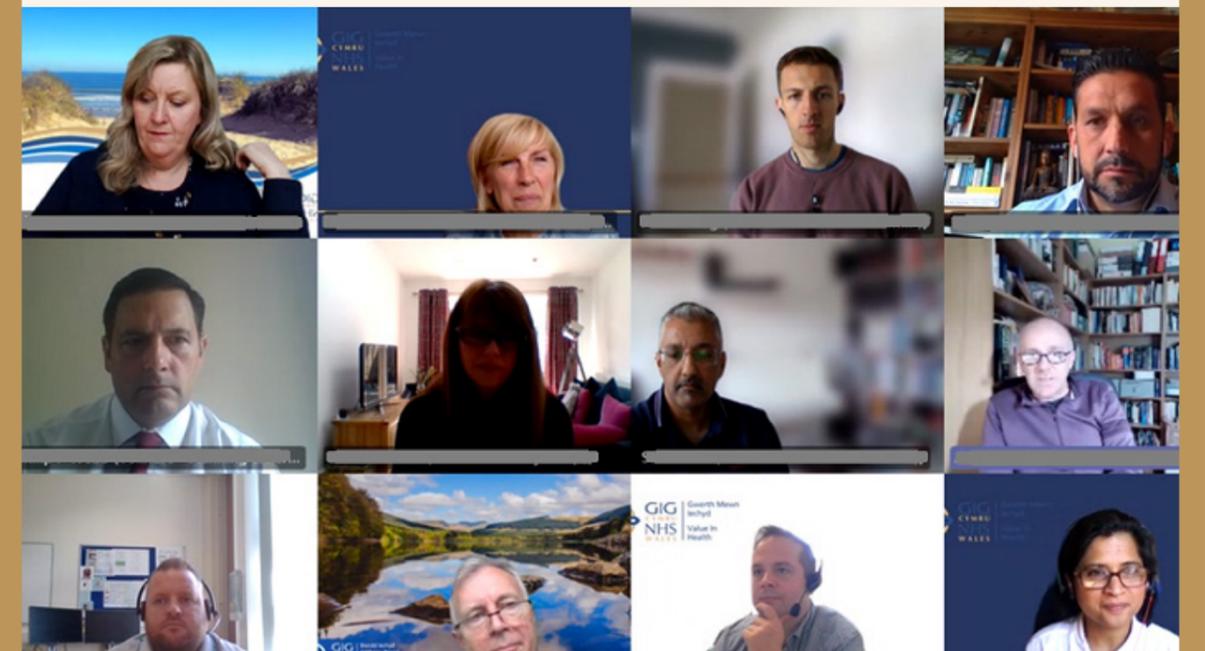
Working together, delivering value

Back in May we were able to bring together leaders in value-based healthcare from across NHS Wales to deliver our first Community of Practice session. Leaders who are championing a value-based approach to healthcare across most of our Health Boards and Trusts were in attendance, along with members of the Value in Health programme.

It was great to hear about the many fantastic value-based projects in action right across Wales, which we should all feel proud and excited about. The session also enabled us to start sharing best practice, illuminated areas for collaboration and identified a range of topics for discussion at future meetings.

Everyone who attended was impressed by our collective efforts to date and inspired to continue utilising the resources we have available to deliver the best possible outcomes for patients throughout Wales.

Moving forward, this Community of Practice will play an integral role in embedding a culture of value throughout NHS Wales and in enabling the achievement of our goals for the Value in Health programme.



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