

# Comisiwn Bevan Commission

---

Measuring healthcare outcomes  
- a complex system.



978-1-912334-12-4

---

[www.bevancommission.org](http://www.bevancommission.org)  
@BevanCommission

The Bevan Commission (hosted and supported by Swansea University) brings together a group of internationally renowned experts to provide independent, authoritative advice on health and care to Welsh Government, leaders across Wales, the UK and worldwide.

The Bevan Commission identifies and shares best practice from healthcare systems around the world, building on the principles of the NHS as established by Aneurin Bevan. It provides authoritative recommendations to improve Wales' healthcare system, and supports healthcare professionals on the frontline to innovate and test out their own expert ideas.

The Bevan Commission believes that good health and care is everyone's responsibility, so works with professionals and community members to ensure their views and ideas are heard in the health and care debate.

---

### Current Bevan Commissioners

Professor Sir Mansel Aylward  
CB, Chair

Ann Lloyd CBE

Professor Dame Sue Bailey

Professor Ewan Macdonald OBE

Nygaire Bevan

Chris Martin

Professor Bim Bhowmick OBE DL

Professor Sir Michael Marmot

Professor Dame Carol Black DBE

Professor Sir Anthony Newman

Taylor CBE

Sir Ian Carruthers OBE

Dr Helen Paterson

Mary Cowern

Professor Phillip Routledge OBE

Professor Ilora Baroness Finlay  
of Llandaff

Fran Targett OBE

Professor Kamilla Hawthorne MBE

Professor Hywel Thomas CBE

Professor Trevor Jones CBE

Sir Paul Williams OBE CStJ DL

Lt General Louis Lillywhite

CB, MBE, OStJ

Professor John Wyn Owen CB

### Reference

Please reference this report as: Bevan Commission. (2018). Measuring healthcare outcomes – a complex system Where next for Wales? ISBN 978-1-912334-12-4 . Reports produced by the Bevan Commission are published on the Commission website at [www.bevancommission.org](http://www.bevancommission.org).

## OVERVIEW

---

These papers are inextricably linked in their joint aim to address the way we use data and information in NHS Wales to inform and measure health impact and outcomes.

The first paper provides an updated position on the 'Good, the bad and the ugly of data and information in our healthcare system'.

The second paper reviews health outcomes in Wales and asks: are we measuring the right things?

# Measuring healthcare outcomes - a complex system: Part 1

## Data and information in NHS Wales: the good, the bad and the ugly! An update position.

### EXECUTIVE SUMMARY

---

In this update paper, we review and assess the progress made in addressing the recommendations made in 2013 in the paper, 'Bevan Commission Data and Information in NHS Wales'. This paper is based upon desk research and discussions with some of the key individuals involved.

Since 2013, further work has been undertaken to build a consensus between several stakeholder groups to enable better use of health and care data. The release of Welsh Government's Statement of Intent (Sol) in October 2017 sets out the four key priority areas:

- Developing a more transparent framework for how we manage, use and share health and care data
- Putting in place the digital solutions to ensure that health and care information is available as a resource for use at national and local levels, by consolidating and building on existing data flows and management
- Developing the skills and resources required to realise the full value of the data we hold
- Improving the data collection and quality

Work is ongoing to deliver the outcomes necessary to meet the key priorities listed in the Statement of Intent and the Bevan Commission looks forward to seeing the impact of this in practice. Welsh Government's long term plan for health and Social care makes clear the importance of the data and information structure to deliver high quality, sustainable care that is 'fit for the future'.

Our key recommendations are:

- Identify mechanisms to enable better system integration and knowledge mobilisation bringing together key health data players in Wales through a three dimensional approach including systems, service, financial and outcome based perspective.
- Make data more easily accessible and transparent for professionals and the public to use to inform prudent decision making and drive up and compare quality across organisations.
- Consolidate and effectively utilise people centered measures. Use levers and incentives to motivate and incentivise change and innovation in the system.
- Continue to engage people and professionals in actively finding better solutions together using data.

## BACKGROUND

---

In 2013 the Commission undertook an extensive review of data systems in Wales and produced a report 'Data and Information in NHS Wales: the good, the bad and the ugly!' which reviewed data availability and data integration in Wales. The Commission made a number of recommendations to address the issues highlighted and common themes that emerged. These advised the then Minister to take immediate action to address the points raised with a clear plan of action by early 2014, addressing the following:

**1. Review Information Needs and Requirements**

Review the information needs and requirements to ensure effective population health (health promotion, protection, treatment and care) across the whole system, including primary/ community and social care.

**2. Review how all information providers contribute**

Review current functional contributions of all information providers and identify opportunities for improvement, addressing duplication, gaps, efficiencies and effective use of resources at local and national levels.

**3. Learn from Others**

Learn from other agency developments (Information Centre, NHS England, NHS Scotland and other relevant private organisations) to identify best practice and some clear early wins.

**4. Opportunities to embed information and data use**

Identify opportunities to ensure information is embedded within performance accountability and governance systems and underpins service and workforce planning and improvement

**5. Options for action and improvement**

Set out options and actions for improvement in the immediate, medium and longer term working within existing resources

<sup>1</sup> Bevan Commission, *Data and Information in NHS Wales: the good, the bad and the ugly!*, (2013)

## REVIEW INFORMATION NEEDS AND REQUIREMENTS

The Welsh Government Digital Health strategy Informed Health and Care (2015) sets out the vision for how Wales can use technology and greater access to information to help improve the health and well-being of the people of Wales<sup>2</sup>. The strategy is based on four workstreams:

1. Information for you
2. Supporting professionals
3. Improvement and innovation
4. Planned future.

Workstream 3 puts an emphasis on "making better use of data to support informed decision making and improve service planning, population health, research and development". In September 2017, Welsh Government announced over £5.5 million funding targeted at improving access to information and introducing new ways of delivering care with digital technologies. The funding will be used to further develop existing technology (Welsh Clinical Portal and the Welsh Community Care information System) and conduct a review of cyber security requirements for each NHS organisation.

NHS Wales Informatics Management Board (NIMB) is one of the groups charged with overseeing Information Management and Technology (IM&T) in NHS Wales and drives the strategic agenda for a data-driven system, which can support improved access to information and the introduction of new ways of delivering care with digital technologies. NIMB is responsible for delivering 'Informed Health and Care: a digital health and social care strategy for Wales'<sup>3</sup>.

The objectives of the Board are to:

- Drive and support the strategic development of IM&T and digital ways of working to improve health and care in Wales, ensuring alignment with the wider strategic objectives of NHS Wales.
- Ensure that robust cases for change are developed and advise Welsh Government and health organisations on appropriate IM&T investments, and their prioritisation, in order to deliver the strategy.
- Oversee the application of 'Once for Wales' across the service.
- Ensure that the development of existing systems aligns with the wider strategic objectives of NHS Wales.
- Ensure the service is capable of delivering the change necessary to achieve transformation enabled through IM&T and deliver the required outcomes. Ensure that effective change management activity is undertaken across the service, supporting activity to address barriers to progress.
- Successfully deliver the programmes, ensuring they are properly resourced and that the identified outcomes and associated benefits are realised and tracked.
- Ensure that the Strategy remains live and relevant across the system by keeping abreast of current developments and emerging solutions.

NIMB reports directly to the NHS Wales Executive Board. Where decisions cannot be reached by NIMB, these will be escalated to the NHS Wales Executive Board (see Appendix 3 for governance diagram).

There has been a number of developments in the area with new systems implemented to promote data sharing in specific areas including pathology and community care:

- NWIS has led the implementation of the new all Wales pathology system used by pathology staff across Wales for storing, recording and exchanging information such as blood test results. The delivery of the WLIMS provides a number of benefits including easy access, efficiency, improved service provision, better audit trails and improved patient safety.
- The Welsh Clinical Portal makes test results and a wide range of electronic documents, such as transfer of care documentation, theatre notes, referral and outpatients' letters available wherever the patient receives care in Wales, regardless of geographical or organisational boundaries. It also gives the clinician, with the patient's consent, access to the notes held by the patient's GP – the Welsh GP record.

- Another key development is the Welsh Community Care Information System (WCCIS). This system gives community nurses, mental health teams, social workers and therapists the digital tools they need to work better together. It allows access to relevant information on the care provided to other professionals, to show where a patient is with their treatment<sup>4</sup>.
- Ceredigion and Bridgend local authority went live with WCCIS in 2016 and Powys Teaching Health Board and Powys Local Authority went live at the end of April 2017. Fourteen local authorities and two health boards have now signed contracts with the supplier with additional organisations working with Careworks to agree their contracts.

Although the recent activities are encouraging, the Commission believes that more should be done at a national level to identify the needs and gaps in information. Work is currently being undertaken to gather user requirements for information (across all stakeholders groups) to maximise its use to support population health and patient outcomes.

<sup>2</sup> Welsh Government (2015), *Informed Health and Care: A Digital Health and Social Care Strategy for Wales*

<sup>3</sup> NHS Wales Informatics Service, *NIMB Terms of Reference, 2017*

<sup>4</sup> NHS Wales Informatics Service, *Welsh Community Care Information System, 2017* <http://www.wales.nhs.uk/nwis/page/66175>

# REVIEW HOW ALL INFORMATION PROVIDERS CONTRIBUTE

---

In 2016, an Informatics Task and Finish Group established by Welsh Government to review the data developments and infrastructure in Wales, brought together key stakeholders within the NHS, academia and Welsh Government. This consultation aimed to facilitate better use of health and care data for safe, effective care and efficient services. Welsh Government published a Sol in October 2017 outlining the key priorities areas that can help maximise the ways in which data can be used for purposes beyond the immediate care of individuals<sup>5</sup>:

- Developing a more transparent framework for how we manage, use and share health and care data
- Putting in place the digital solutions to ensure that health and care information is available as a resource for use at national and local levels, by consolidating and building on existing data flows and management
- Developing the skills and resources required to realise the full value of the data we hold
- Improving the data collection and quality

The statement sets Welsh Government's intention to "ensure that the health and care system in Wales is able to take full advantage of the value that data offers".

The key priorities set within the Statement of Intent are in line with the recommendations made by the Commission. Although work is now ongoing to deliver on these priorities, it will be important to set out clear deliverables and timescales for the work.

<sup>5</sup> Welsh Government (2017), *Statement of Intent – Better use of health and care data for safe, effective care and efficient services*  
<http://gov.wales/topics/health/publications/health/guidance/digitalsoi/?lang=en>



## LEARN FROM OTHERS

---

Our previous report highlighted the importance of cross border collaborations and learning groups to identify best practice across the NHS in the UK and through other agencies. Examples of work around this are limited although agreements are now in place to promote a more collaborative approach between UK countries.

- Since the publication of the Bevan Commission report, an agreement was signed between NHS Wales and NHS Scotland to share technology developments and expertise and create the Health Informatics Service Alliance which provides a formal framework that builds on existing collaboration between the two countries.

The alliance supports joint interests and opportunities to share new and existing digital solutions, to meet common requirements. NHS Wales already uses an electronic messaging system, developed in Scotland, to manage electronic referrals and discharges and cross-border exchange of patient information. Northern Ireland also uses the system for referrals and is expected to join the Wales/Scotland collaborative shortly<sup>6</sup>.

- The Care.data programme in England has also triggered more cross border learning around data sharing and public perceptions of data use for other purposes than direct care. The programme triggered concerns from GPs and the public due to the opt-out process put in place to extract anonymised patient data from GPs to a central database held by the Health and Social Care Information Centre (HSCIC).

Due to its unpopularity and cost overruns, the programme was shut down in 2016. The UK Government is now reviewing the consent model and will soon publish new guidelines in response to the National Data Guardian review which is likely to trigger similar review/developments in the other UK countries.

Agreements are in place to allow for cross border collaborations and learning. Although activities in this area are limited, there is potential for further work to be undertaken.

<sup>6</sup> NHS Wales Informatics Service, Landmark agreement boosts technology collaboration between Wales and Scotland, 2015 <http://www.wales.nhs.uk/nwis/news/38584>

# OPPORTUNITIES TO EMBED INFORMATION AND DATA USE

The use of data to support workforce planning and performance is still inconsistent and not yet maximised across Wales even though as part of the new delivery framework and the development of Integrated Medium Term Plans (IMTP), Health Boards are required to use data to track their progress in a more consistent way to measure performance. This is the third year of the planning arrangements following the introduction of the NHS Finance (Wales) Act 2014. The NHS Wales Planning Framework marked a new approach to planning in NHS Wales, requiring health boards and NHS trusts to set out how resources will be used over a 3-year period to:

- Address areas of population health need and improve health outcomes
- Improve the quality of care
- Ensure best value from resources.

The OECD's (2016<sup>7</sup>) review of health quality in the UK reviewed healthcare systems across the four nations. It acknowledged the progress that is being made through this planned approach but it also highlighted opportunities for further development of our system and made four main recommendations:

- Secure accountability, drive standards and promote innovation
- Put primary care front and centre as a force for dynamic system change
- Make Wales a data-driven system
- Do more to promote the patient voice

There are several systems and plans in place to collect data on measures and targets (IMTPs, Framework, delivery plans). This information is currently used for the purpose of performance management and is not being used to its full potential to improve health and care outcomes (workforce planning, service improvement, etc).

As part of the IMTPs, Health Boards have the opportunity to plan for the immediate, medium and longer term however the use of data is not yet maximised to fully support this agenda. Each of the Health Boards have different approaches which prevent any national comparison or benchmarking in relation to improvement.

There is limited capability to look at the medium and longer term effect of certain interventions using a longitudinal approach to show the improvement and benefits in specific areas. Research has shown that the use of linked data is key to support the improvement agenda through evaluating patient outcomes and population health:

- NHS in Wales needs to re-orientate itself to monitor and act on the intelligence gathered through the measurement of patient outcomes, consistent with the prudent healthcare principles. Measuring outcomes requires a longitudinal perspective and the ability to link information about treatments and initial health status, to a variety of outcomes. This information can be collected through routine data sources and patient experiences over the short, medium and long term.
- A more prudent approach is needed in which we consider improvement by assessing outcomes relative to the patients' needs as well as resources involved. Developments in this area are still far from where it should be because the healthcare system is still driven by its activity and financial outcomes instead of a more prudent approach on which patient needs and reported outcomes<sup>8</sup> are crucial.

IMTPs provide the opportunity to set out actions for improvement in the immediate, medium and longer term working. More investment is needed in data analysis and longitudinal systems to fully understand and realise the long term value of improvement across all health and care services.

<sup>7</sup> OECD (2016) *Reviews of Health Care Quality: United Kingdom* <http://www.oecd.org/health/health-systems/oecd-reviews-of-health-care-quality-united-kingdom-2016-9789264239487-en.htm>

<sup>8</sup> Ronan Lyons, *Achieving better outcomes through information technology, 2015* <http://www.prudenthealthcare.org.uk/it/>

# A HEALTHIER WALES - THE LONG TERM PLAN FOR HEALTH AND CARE IN WALES

---

A Healthier Wales<sup>9</sup> sets out Welsh Government future vision of a whole system approach to health and social care that is 'fit for the future'. It builds on much of the Bevan Commission's thinking in its Heritage Series of papers that advocate a new prudent social model of health and care. This long-term plan focuses on the role of digital technologies as a key enabler of transformational change.

It continues to emphasise Welsh Governments focus on making better use of digital, data, and communication technologies to raise the quality and value of health and social care services so that they become cost-effective and sustainable. In addition it made a commitment to providing an online digital platform for citizens, to give people greater control and enable them to become more active participants in their own health and well-being. The LTP sets out 5 time bound actions relating to 'digital and data' infrastructure:

- 1) Accelerate progress towards a fully integrated national digital architecture, the roll out of the Wales Community Care Information System, and creating an online digital platform for citizens, alongside other nationally mandated services.  
**From 2018**
- 2) Invest in the future skills we need within the health and social care workforce, and in the wider economy, to accelerate digital change and maximise wider benefits for society and the Welsh economy.  
**From 2018**
- 3) Develop an 'open platform' approach to digital innovation, through publishing national standards for how software and technologies work together, and how external partners can work with the national digital platform and national data resource.  
**From 2018**
- 4) Significantly increase investment in digital infrastructure, technologies and workforce capacity, supported by stronger national digital leadership and delivery arrangements.  
**From 2019**
- 5) Establish a national data resource that allows large scale information to be shared securely and appropriately.  
**From 2020**

<sup>9</sup> Welsh Government. (2018). *A Healthier Wales – Our Plan for Health and Social Care*. Cardiff. <http://gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf>

## CONCLUSIONS

---

There has been a continuous focus on developing a health and care digital infrastructure in Wales given its importance to delivering transformative high quality future health and care services. This work has been progressing since the Bevan Commission produced its original report into data systems in Wales and there has been a clear focus on building a consensus between several stakeholder groups to enable progression.

However there are still further opportunities on how health data is used to inform and drive healthcare improvement and innovation in the NHS in Wales. We would conclude that while there is clearly national drive to address the recommendations in the initial report of the Bevan Commission some of the issues raised still apply and need to be progressed at greater speed (See Appendix I).

Welsh Governments long term plan for health and Social care makes clear the importance of the data and information structure to deliver high quality, sustainable care that is fit for the future. The actions it identifies set out a timeline for progress and reinforce the importance of data and information systems. The Bevan Commission recognises this commitment and looks forward to seeing the enhanced digital infrastructure delivering data and information systems that are 'fit for the future'.

## RECOMMENDATIONS

---

- Identify mechanisms to enable better system integration and knowledge mobilisation bringing together key health data players in Wales through a three dimensional approach including systems, service, financial and outcome based perspective.
- Make data more easily accessible and transparent for professionals and the public to use to inform prudent decision-making and drive up and compare quality across organisations.
- Consolidate and effectively utilise people centered measures. Use levers and incentives to motivate and incentivise change and innovation in the system.
- Continue to engage people and professionals in actively finding better solutions together using data.

## APPENDIX I

---

### Data issues raised by the Bevan Commission in 2013

1. **Data collection:** Lack of rationale relating to data parameters, limited co-ordination, duplication of effort and collection systems
2. **Data systems:** Lack of system integration
3. **Data quality:** Significant room for improvement with current emphasis on quantity of data rather than quality or usage
4. **Data linkage:** Technology available but risk-aversion, capacity / cost issues
5. **Data analysis:** There appears to be limited central analysis or evaluation, including; cross data analysis; input into decision-making or service development; prioritisation; consistent use of patient-level data; population health and inequality data

## APPENDIX II

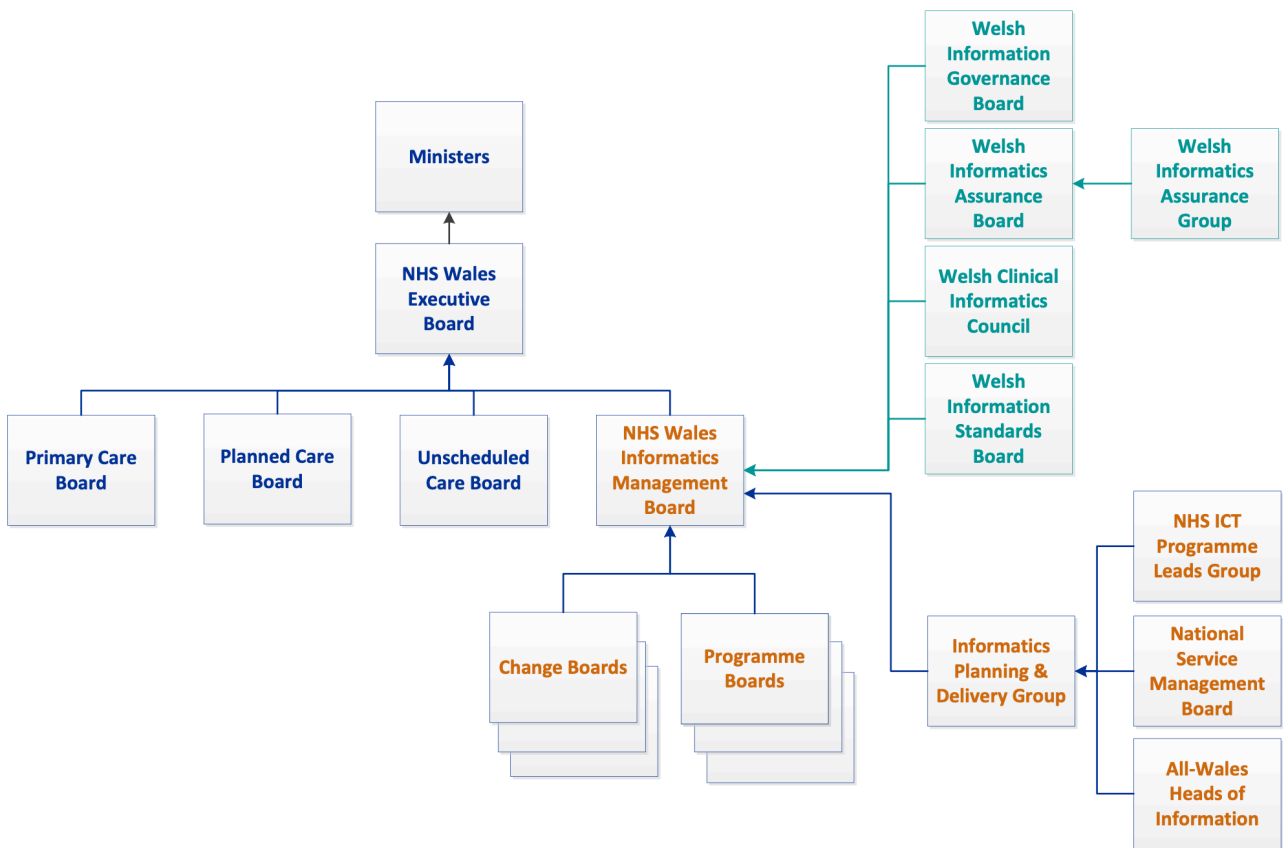
---

### Data issues to consider to implement Prudent Healthcare

1. To deliver prudent healthcare, the NHS in Wales will need to re-orientate itself to monitor and act on the intelligence gathered through the measurement of patient outcomes.
2. Information on both activity and outcomes must be equally valued and used to inform our decisions, as patients, clinicians, health boards and NHS trusts.
3. A feasibility study for using PROMS in orthopaedics has shown how linking data already collected by the NHS across different systems could be used to provide useful information on both the patterns of health service use and patient outcomes after surgery, including complication and surgery revision rates.
4. Collecting more information is not the objective, driving improved patient outcomes and better decision making through efficient 21st century informatics is.
5. While NHS Wales has a considerable number of informatics staff, there are still not enough. It is imperative we use all available skills in supporting the considerable informatics needs of prudent healthcare and NHS Wales will need to begin training a much larger cadre of individuals

# APPENDIX III

## NIMB Governance Structure



# Measuring healthcare outcomes - a complex system: Part 2

## Are we measuring the right things?

### BACKGROUND TO THE REPORT

---

The impetus for this paper originated from the need to consider what outcome measures would help assess the impact of prudent healthcare. This work led to the need to consider the wider context within which the whole health and social care system in Wales is held to account and motivated to achieve the best and most prudent outcomes.

The effect of the global burden of diseases and diminishing resources is putting increased pressure on governments to measure how health and care services are effective and efficient. Governance by targets and performance measures is a way of keeping control over the performance and quality of a specific system or service. These methods have been criticised as encouraging "gaming" and disengaging staff with other areas of care that are not measured by similar targets (Gwyn-Bevan 2006).

Organisations have been encouraged to focus more upon outcomes rather than isolated targets to measure the quality of healthcare. The World Health Organisation and the OECD have endeavoured to compare the performance of health systems worldwide. The OECD publishes 60 internationally comparable indicators of healthcare quality on an annual basis as part of its Health at a Glance series (OECD 2018), however limitations in data availability and data linkage prevents many countries from producing outcome measures that can be benchmarked. Most countries in the western world have national frameworks and systems in place to measure healthcare outcomes. The domains most commonly used in performance management systems are safety, effectiveness and access however there is variation in practice between countries (Braithwaite 2017).

In Wales, the Welsh Government is advocating an outcome based approach to measure improvement in clinical outcomes in the NHS. Since 2015, Welsh Government have put in place the NHS Wales Delivery Outcome Framework which focuses on outcomes that are important to citizens (Welsh Government 2015a). The previous Tier 1 and Tier 2 healthcare targets have been revised and integrated within the Outcomes Framework. The Parliamentary Review of Health and Social Care in Wales recommended the use of strong measures and indicators to underpin the delivery of 'the Quadruple Aim' (Welsh Government 2018a). A Healthier Wales (Welsh Government 2018b) set out a long term plan for health and Social care in Wales that aims to ensure it is 'fit for the future' and shifts the emphasis from what the system does to what it achieves for people.

In this paper, existing systems and policies in place to measure the performance of health services in Wales have been mapped and reviewed to determine whether this is the best way to achieve the aspirations of the government to achieve a more prudent system based upon the quadruple aim. This work also relates to the Quality System paper which proposed an external, independently validated system to improve quality consistently across Wales (Bevan Commission. 2017a).

# NHS WALES OUTCOME FRAMEWORK 2016-17

The NHS Wales Outcomes and Delivery Framework aims to demonstrate annual progress and improvement in the health and wellbeing of the people in Wales through the delivery of NHS services. It identifies key outcomes, outcome indicators and performance measures under seven domains.

These domains were developed through engagement with patients, clinicians and stakeholders and identify the priority areas they wanted the NHS to be measured against. Each domain has a number of outcomes, outcome indicators and performance measures.

Domain	Description	Number of performance measures
<b>Staying healthy</b>	People in Wales are well informed and supported to manage their own physical and mental health	10
<b>Safe care</b>	People in Wales are protected from harm and supported to protect themselves from known harm	19
<b>Effective care</b>	People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful	12
<b>Dignified care</b>	People in Wales are treated with dignity and respect and treat others the same	7
<b>Timely care</b>	People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care	22
<b>Individual care</b>	People in Wales are treated as individuals with their own needs and responsibilities	13
<b>Our staff and resources</b>	People in Wales can find information about how their NHS is resourced and make careful use of them	15
<b>Total</b>		98

The development of the Framework is overseen by the NHS Measures Group which includes representatives from Welsh Government, NHS Wales, Social Services and Public Health. The Framework captures the policy direction of Welsh Government and aims to capture and report on those outcomes that are the main responsibility of the NHS (Welsh Government, 2016).

Welsh Government is responsible for reporting and publishing data on the outcome indicators listed in the Framework using existing or new datasets. Each performance measure relates to one of the outcomes and provides key targets and reporting timescales. Health Boards are responsible for reporting on performance measures according to the template provided. There are on total 96 performance measures as part of the NHS Wales Delivery and Outcome Framework. The guidance specifies the reporting frequency, the source of data and the relevant policy area. The Framework is reviewed and amended every year to reflect new policy and health care needs.

Social services and public health also have their own Delivery and Outcome Framework. Measures are shared across each Framework to reflect the links in the delivery of care.



# POLICY FRAMEWORK FOR PLANNING AND MEASURING PROGRESS AND IMPACT

## 3.1 Health Delivery Plans

As well the overarching NHS Delivery and Outcome Framework, there are individual Health Delivery plans focusing on a number of disease areas or health care services.

They are aimed at improving services, with particular attention to:

- prevention and early diagnosis
- integrated and efficient care
- better information, and
- more targeted research

They seek to develop clinical leadership throughout the health service and set a common direction for service improvement. These plans set out nationally agreed actions and define performance measures and outcomes. Each plan feeds into the NHS Outcomes Framework and relates to other relevant policies including the Future Generations Bill, Social Services Outcomes Framework and Early Years Outcomes Framework. Welsh Government annually publish an annual report detailing the progress of each health delivery plan. Outcome and performance measures are set within each plan and the reporting mechanisms are agreed as part of the process. Each delivery plan is led by the related policy team in Welsh Government (Welsh Government 2017).

## 2.2 Integrated Medium Term Plans

Following the introduction of the NHS Wales Finance Act (2014), each Health Board and Trust in Wales are required to produce a three year plan setting out how resources will be used over a three-year period. Each plan should be based on the NHS Wales Planning Framework published every three years setting their key delivery priorities.

Each plan submitted to Welsh Government must be approved before it can implemented. In a recent written statement published June 2017, Vaughan Gething announced that several Health Boards did not submit "approvable three year plans" and are working

with Welsh Government staff to develop solutions to their ongoing challenges (Welsh Government (2017). Organisations that are unable to develop a balanced and sustainable 3 year IMTP have to submit very clearly defined plans for year 1 and set out the indicative and outline aspects of their plans in the same way (NHS Wales Planning Framework, 2017).

Although IMTPs are individual to each Health Board, they aim to be line with the NHS Delivery and Outcomes Framework and the Health Delivery plans.

## 2.3 Integrated Medium Long Term Plans

Each Health Board is responsible for setting their own assessment and monitoring processes which are outlined in their plan for review. Each organisation is expected to send quarterly updates and undertake a mid-year review of their delivery plan.

The guidance sets out that "Welsh Government [will] monitor, performance manage and hold them to account through a range of meetings and actions. The precise mechanisms and frequency will vary according to an assessment of risk based on plan approval status, delivery track record, and actual performance against plan tracked throughout the year." (NHS Wales Planning Framework, 2017).

Routine Welsh Government performance management arrangements will include:

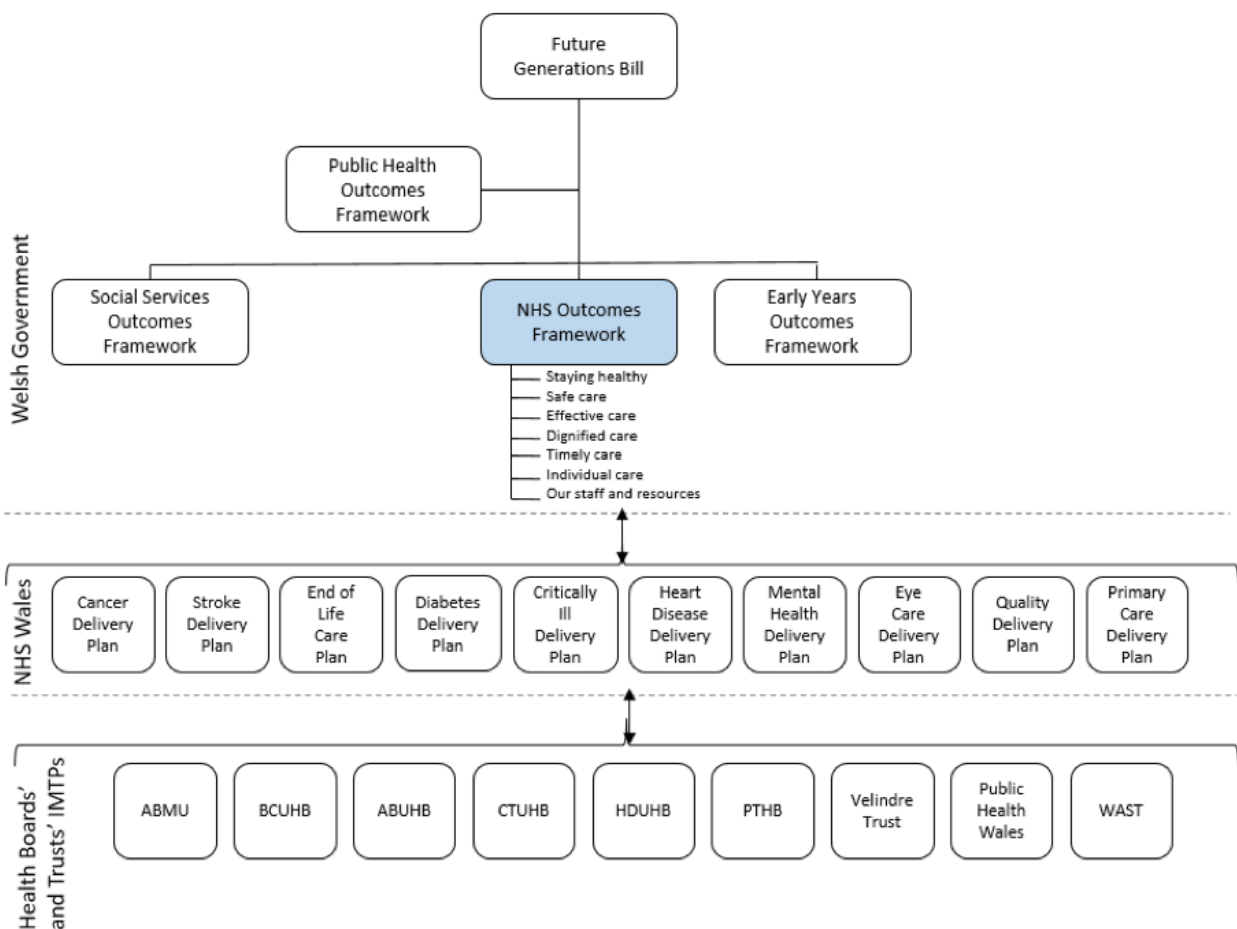
- Standard returns
- Submission of board and committee planning updates;
- Quality & Delivery (Q&D) meetings to discuss progress in detail. The frequency of Q&D meetings will be determined by plan status and the delivery confidence assessment based on performance trends and risk analysis;
- Specific meetings to discuss particular variations from plan or quality standards;
- Joint Executive Team (JET) meetings to include progress against plan delivery

# PERFORMANCE MEASURES

The findings from this review clearly shows that the system in place is extremely complex (Fig 1) consuming a great deal of effort and which may distract from the original purpose of the exercise. If all the performance measures, across the different plans, are combined, there are over 350 measures that health services have to report on. This generates vast amounts of waste in time and resources to collate and analyse this information.

In the Burns (2017) review of health indicators in Scotland a number of inadequacies in their system were identified. The review highlighted the need for greater co-production of indicators and targets with staff and service users to create a commitment towards the improvement process. In addition the review identified the need for increased routine data collection to aid the demonstration of outcome improvement and that collaborative sharing of information should be encouraged to allow for system wide improvement. In order for progress to be made in improving outcomes, targets and indicators, there was a clear need to encourage joint working across all agencies and communities as people's decision to maintain their health are significantly influenced by the social and economic conditions they live in. The same is almost certainly the case in Wales.

**Figure 1. Outcomes and Performance Framework in Wales**



The current system of healthcare indicators in Wales does not appear to follow a prudent approach in terms of both the content and the approach. It over emphasises the process of delivering health and care services rather than a co-owned approach to achieving improved outcomes. Targets still tend to predominantly focus upon activity rather than outcomes. In order to drive improvement, there is a clear need to routinely collect more information related to outcomes rather than activity based information related to services.

The complexity of the approach currently used is likely to influence adversely the impact it will have and should be reviewed. The number of high level outcomes, targets and measures need to be reduced so that a more focused approach can be put in place with clearly aligned performance measures monitored and reviewed over shorter periods of time and allowing for new measures to be included once others have been achieved.

Greater emphasis on transferring ownership for clinical indicators to clinicians as part of their professional roles and revalidation should also be considered as part of this. Emphasis should also be put on indicators that will help transform the system, promoting joint working and co-production across organisations, staff and service users.

# QUALITY OUTCOMES FRAMEWORK WALES 2017/18

## LEVERS FOR CHANGE

The Quality and Outcomes Framework (QOF) is part of the General Medical Services (GMS) contract which is between general practices and NHS Wales for delivering primary care services to communities. QOF rewards general practices for the provision of quality care and helps standardise improvements in primary care<sup>1</sup>. QOF was first introduced in 2004 and is renegotiated every year between the British Medical Association and Welsh Government but the National Institute for Health and Clinical Excellence (NICE) are independently responsible for developing QOF's clinical and health improvement indicators.

An important feature of the QOF is the establishment of disease registers which include lists of patients who have been diagnosed with a particular disease or risk factor described in the register indicator. Some indicators do not require the creation of a disease register but instead there is a target population (for example cervical screening, flu vaccinations etc).

However due in part to winter pressures faced by the NHS in Wales, the majority of QOF has been suspended by Welsh Government<sup>2</sup>. The BMA and Welsh Government have begun negotiations on an overhaul of the GMS contract, with an announcement expected towards the end of 2018.

Although there are systems in place in Wales to measure the performance of health care services in Wales, their multi-layer system is complex and challenging to comprehend. In order to maximise the impact of the current system, data on measures and indicators should be made available publicly. The OECD (2016) recommended in their latest report about healthcare quality in the four UK countries that Wales develops a consistent dataset that would enable benchmarking with UK and European countries.

Previous attempts have been to make to use measures and indicators to promote improvement and standardise quality of care. The QOF framework is an example of such an initiative and although this framework has contributed to improvements in quality of care, it was to the detriment of other conditions that were not included in the QOF indicators. The design of QOF also focuses on single disease indicators whereas the needs of population, specifically older people, tends to be more with multi complex chronic conditions.

The usefulness of the QOF as a means to drive change and improve quality has been questioned and recent systematic reviews (Forbes et al 2017) found no convincing evidence that the QOF can promote better integrated care, personalised, holistic care, or self-care — or, indeed, improve any other outcomes in people with long-term conditions. The Royal College of GP's Quality Position Statement<sup>3</sup> is pushing a shift to Quality Improvement rather than the rigid Quality Assurance approach of QOF. RGCP are considering proposing that practices produce QI projects, either based from a pre-selected list or projects, or projects that the practices themselves find particularly focussed on their situation.

<sup>1</sup> BMA, *Quality and Outcomes Framework Guidance for the GMS Contract Wales 2017/18*

<sup>2</sup> <https://www.bma.org.uk/news/2017/january/welsh-government-suspends-qof>

<sup>3</sup> <http://www.rcgp.org.uk/clinical-and-research/about/clinical-news/news-archive/september/new-rcgp-position-statement-on-quality.aspx>

## THE PATIENT'S VOICE

---

Although there are systems in place in Wales to measure the performance of health care services in Wales, their multi-layer system is complex and challenging. Collecting Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) can provide an indication of the quality of care delivered by NHS services by using patient feedback. However these measures are still not consistently collected across the Welsh NHS to drive service improvement.

There are powerful arguments for a greater focus on patient and carer feedback, with possible mechanisms including anonymised feedback, online reviews and greater patient participant within service design and delivery. There also needs to be greater coordination with existing patient's liaison services Linking this information with the current service delivery measures would provide a more accurate picture of performance and help identify where priority areas are.

The focus must be on people and patients reflecting their views on both maintaining health and on managing illness and not the systems interpretation, such as 'How was it for you?'. Co-creating indicators that are relevant to people will be a key step change for the future and clearly aligns with a more social and prudent model of health and care as set out by the Bevan Commission, as well as the goals of the Future Generations Act (Welsh Government 2015b).

## A HEALTHIER WALES - THE LONG TERM PLAN FOR HEALTH AND CARE

---

A Healthier Wales sets out Welsh Government future vision of a whole system approach to health and social care that is 'fit for the future'. It builds on much of the Bevan Commission's thinking in its Heritage Series of papers (Bevan Commission 2017b,2018a,2018b) that advocate a new prudent social model of health and care.

There is clear reference to how the existence of three national outcomes frameworks (NHS, Social Services) results from a system that has evolved rather than been designed. The plans vision of new models and greater integration represent the opportunity for a 'fresh look' at how the health and social care system is measured in Wales.

There is an emphasis on shifting health and wellbeing outcomes from what the system does to what it achieves for people and communities. However, while there is a clear, time bound action to deliver a single integrated framework that uses shared indicators whenever possible, there is little commitment to radically alter the current system in terms of the volume of indicators used.

## CONCLUSIONS & RECOMMENDATIONS

---

This paper set out to map the current system in place in the Welsh NHS to monitor improvement and performance. In doing so a number of key issues and opportunities for improvement have been identified. In conclusion;

- There are various systems in place to measure performance and progress in the NHS in Wales through targets, performance measures and outcome indicators, but this is a very complex system which is difficult to navigate for both professionals and the public.
- There are over 370 measures and indicators across the whole system which are used to evaluate the health services' performance. This creates confusion, wastes time and resources and often loses sight of the original objective of the process – monitoring and driving improvement.
- Although most indicators aspire to focus on patient outcomes, measures are still based on routinely collected data rather than direct patient outcomes. The domains included in the NHS Outcomes Framework 2016-17 mainly focuses on the delivery of care rather than the wider health and wellbeing outcomes.
- The current system of indicators and outcome measures does not appear to be promoting enough cross agency and organisation working and sharing of information to address effectively, patient needs and enable system wide improvement.
- There is an urgent need for a new, simplified system in Wales to measure more effectively patient health and wellbeing outcomes that are meaningful to professionals and the public.
- While the proposed single national outcomes framework for health and social care, set out in A Healthier Wales identifies the need for a clear vision for integrating performance management and accountability, it must be reviewed and simplified rather than a combined version of the current system in place.

The Bevan Commission makes 4 key recommendations:

1. A clear, single National Outcomes Framework for health and social care in Wales should be developed working together with partners, people and patients.
2. All future indicators should be co-created and linked to relevant outcomes for people and patients.
3. Clinicians should be given responsibility and ownership for the clinical indicators relating to their professional practice.
4. Indicators should be easily available, accessible by all and published annually to aid transparency and comparison.

## REFERENCES

**Bevan Commission. (2017b).**

Achieving Profound and Sustainable Improvement in Quality in NHS Wales. Cardiff: Bevan Commission.

**Bevan Commission. (2017b).**

Exploiting the Welsh Health Legacy: A New Way of Thinking. Available at: [http://www.bevancommission.org/getfile/Bevan\\_Commission\\_Legacy\\_Paper1.pdf](http://www.bevancommission.org/getfile/Bevan_Commission_Legacy_Paper1.pdf)

**Bevan Commission. (2018a).**

Exploiting the Welsh Health Legacy: A New Way of Planning. Available at: [http://www.bevancommission.org/getfile/Bevan\\_Commission\\_Legacy\\_Paper\\_2.pdf](http://www.bevancommission.org/getfile/Bevan_Commission_Legacy_Paper_2.pdf)

**Bevan Commission. (2018b).**

Exploiting the Welsh Health Legacy: A New Way of Doing. Available at: [http://www.bevancommission.org/getfile/REF17817\\_Heritage\\_Series\\_Paper\\_Final.pdf](http://www.bevancommission.org/getfile/REF17817_Heritage_Series_Paper_Final.pdf)

**Braithwaite, J (2017).**

Health system frameworks and performance indicators in eight countries: A comparative international analysis. Sage Open Medicine, 1-10.

**Burns, P. S. (2017).**

Targets and Indicators in Health and Social Care in Scotland - A Review. Glasgow: Scottish Government.

**Gwyn Bevan, C. H. (2006).**

What's Measured is What Matters: Targets and Gaming in the English Public Health Care System. Public Administration, 517-538.

**OECD (2016)**

Reviews of Health Care Quality: United Kingdom. Available at <http://www.oecd.org/unitedkingdom/oecd-reviews-of-health-care-quality-united-kingdom-2016-9789264239487-en.htm>

**OECD. (2018).**

Health at a Glance 2017: Chapter 6 on Quality and Outcomes of Care. Available at: [http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2017\\_health\\_glance-2017-en](http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2017_health_glance-2017-en)

**Forbes, L. Marchand, C. Doran, T & Peckham, S. (2017).**

The role of the Quality and Outcomes Framework in the care of long-term conditions: A systematic review. Br J Gen Pract.

**Welsh Government. (2015a).**

NHS Outcome Framework and measures guidance. Cardiff: Welsh Government.

**Welsh Government. (2015b).**

Well-being of Future Generations (Wales) Act. Available at: <http://gov.wales/docs/dsjlg/publications/150623-guide-to-the-fg-act-en.pdf>

**Welsh Government (2016)**

NHS Outcome Framework and measures guidance 2016-17

**Welsh Government. (2017).**

Health Delivery Plans. Retrieved from Welsh Government: <http://gov.wales/topics/health/nhswales/plans/?lang=en>

**Welsh Government (2017)**

NHS Wales Planning Framework 2017-2020. Available at: <https://gov.wales/docs/dhss/publications/161013frameworken.pdf>

**Welsh Government (2017),**

Written Statement - Medium Term Planning Update, Available at: <https://gov.wales/about/cabinet/cabinetstatements/2017/mediumtermplanning/?lang=en>

**Welsh Government. (2018a).**

The Parliamentary Review of Health and Social Care in Wales - A Revolution from Within: Transforming Health and Care in Wales. Cardiff: Welsh Government.

**Welsh Government. (2018b).**

A Healthier Wales – Our Plan for Health and Social Care. Cardiff: Welsh Government.