

# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

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**Title:** Value Based Health Care Programme – Data Requirements

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**For Action by:**

Health Boards and NHS Trusts in Wales and  
NHS Wales Informatics Service (NWIS)

**Action required by:**

Immediate

**Senders:**

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# NHS Wales Value Based Health Care Programme: Data Requirements

## Background

1. *A Healthier Wales*, the Welsh Government's Plan for Health and Social Care, sets out the need for services to transform so they can meet the challenges of the future and help deliver the best results.
2. We must find new, flexible and smarter ways of providing services that make the best of existing resources. In particular we must ensure that health and care services deliver better outcomes which matter to people. By talking to people about what they want, and what a treatment might or might not be able to achieve, health care becomes more personalised, and people feel more involved in decisions about their own care. When this happens, people often choose more conservative treatment options because they feel that is right for them.
3. *Prudent Healthcare* has provided a strong foundation for healthcare improvement in Wales and a Value Based Health Care approach will help to make the aims of Prudent Healthcare a reality.
4. [A National Action Plan for Value Based Health Care in Wales](#) was launched in the autumn of 2019, setting out a three year programme to embed the Value Based Health Care approach as part of making Prudent Healthcare philosophy a reality. Value Based Health Care allows more focus on meeting the goals and preferences of patients, through involving them in decision making, supported by the best evidence to hand. This will help to discard low value practices and reduce unwarranted variation in care, reallocating resource into high value interventions in support of better outcomes.
5. In Wales we will support the implementation and development of outcomes and costing measurement and analysis, using a collaborative approach to sharing and using data to support the improvement of healthcare services and value for patients. This will include measuring the costs of health care at a system level and making those visible to clinical teams, allowing them to be stewards of resource by influencing high value care for the populations for which they are caring.
6. Health and care organisations in Wales are committed to developing their Value Based Health Care approaches. For example, this includes better collection and reporting of outcome data for a range of medical conditions, and looking at unwarranted variation in services and outcomes to reveal the under and over-use of different aspects of health care.

## **Data requirements to support Value Based Health Care**

7. There is now a need to set out what NHS Wales health boards and trusts should do nationally and consistently, as part of the whole system approach described in A Healthier Wales. This also includes action by NHS Wales Informatics Service (NWIS) to support Value Based Health Care with appropriate data, i.e. those data generated clinically, and from patients themselves. This WHC is therefore concerned with the following sources of data:
  - Clinical audit and outcome reviews and
  - Patient Reported Outcome Measures (PROMs).
8. Currently, all NHS Wales health boards and trusts are required to participate fully in all the UK-wide clinical audits and outcome reviews listed in the *National Clinical Audit and Outcome Review Plan for 2019/20*. Organisations do this by submitting data directly to the appropriate audit provider or registry. [WHC/2019/006](#), issued in May 2019 refers.
9. Health organisations in Wales also collect PROMs data through the national PROMs platform and other platforms. <https://proms.nhs.wales/>
10. Currently, clinical audit and PROMs data is not routinely submitted to NWIS by health boards and NHS trusts.
11. These data flows to audit providers and registry will continue. However, in order to support a Value Based Health Care approach in Wales, this data will also need to be provided to NWIS, which will use it to create and provide materials for NHS organisations in Wales. This will enable:
  - the visualisation of a PROM by patients and clinicians in the consultation and
  - the creation of dashboards to enable the visualisation of linked data sets by health boards and clinicians to support direct care, quality improvement and service planning.
12. A Data Standards Change Notice (DSCN) will be produced by NWIS in the coming months which will seek to streamline the approach and minimise workload on NHS organisations in Wales.

## **Action required as a result of this WHC**

**NHS Wales Informatics Service** is required to:

- **By June 2020:** Develop a Data Standards Change Notice (DSCN) which will streamline the flow of data from NHS organisations in Wales to NWIS;
- **On an ongoing basis:** Start using these data to create and provide visualisations and dashboards for the use of health boards and NHS trusts in Wales to enable a Value Based Health Care approach to be used to service planning and delivery.

**NHS Wales health boards and trusts** are required to:

- **On an ongoing basis:** Continue to submit data to UK-wide clinical audit and outcome reviews and national PROMs platforms;
- **During 2020:** Work with NWIS to enable the flow of audit and PROMs data into NWIS for the purposes of creating visualisations and dashboards for Value Based Health Care approaches.

## **Annex A**

The basis of the WHC and subsequent processing of information is made in consideration of:

- Section 1 of the National Health Service (Wales) Act 2006 which places a duty on the Welsh Ministers to continue the promotion of a comprehensive health service designed to secure improvement in the physical and mental health of the people of Wales. Section 2 of that Act empowers Welsh Ministers to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of that duty.
- Pursuant to Section 3 of the National Health Service (Wales) Act 2006 the Welsh Ministers have a statutory duty to arrange for the provision of healthcare services to the extent that it considers necessary to meet all reasonable requirements.
- Pursuant to the Local Health Board (Directed Functions) (Wales) Regulations 2009, the duty under Section 3 of the 2006 Act has been delegated to the Local Health Boards.

Those parties either as providers or processors of the data are subject to the provisions described within the General Data Protection Regulations (GDPR). Data Controllers and Data Processors shall have an agreement that sets out the responsibilities of both parties.

For the purposes of the data flows already established within existing agreements, the following conditions from the GDPR will also be relied upon in these circumstances:

Article 6(1) (c) and (e):

(c) processing is necessary for compliance with a legal obligation to which the controller is subject;

(e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

Article 9(2) (h) and (i):

(h) processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;

(i) processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy.

**N.B.** Under current law, data processors are subject to liability for failure to comply with their contractual obligations to their controllers. They have not, however, previously been open to direct action by regulators or data subjects.

All parties have a responsibility for the accuracy, integrity and confidentiality of the information shared in these circumstances.

Agreements that currently exist between Health Boards, Trusts & NWIS should be utilised to ensure that any newly defined flows of information are mapped, recorded and held under the same set of conditions and arrangements.