The Outcomes, Value and Stewardship Network meeting

Minutes from meeting 16th October

1, The Network

The aim of the OVSN is to facilitate and support the development of the "value- based-approach" cited 8 times in the NHS Plan, primarily to ensure the "financial stability of the NHS…for future generations", which is emphasised three times

There are a number of different types of nodes in the Network

Professional Associations whose members have the key skills, including

- The Healthcare Financial Management Association (HFMA)
- The Healthcare Value Institute (HVI)
- The Association of Professional Healthcare Analysts (APHA)
- The Chief Data and Analytical Officers Network (CDAON)
- The Faculty of Public Health (FPH)
- The NHS Health Economists Network
- The Faculty of Medical Leadership and Management (FMLM)

The Network is in discussion with the Academy of Medical Royal Colleges and the meeting was very pleased to have representative of GIRFT

Key agencies and sections within NHS England/DHSC; this is only a small number of the key groups which need to be engaged

- The Strategy Unit
- The digital health team
- Getting it Right First Time
- The Population Health Academy
- The National Neighbourhood Health Implementation Programme

Key independent organisations

- The Centre for Sustainable Healthcare

A number of other agencies were identified which should be invited to join the network

- The King's Fund

The Nuffield Trust

The Health Foundation

NICE

NHS Providers

NHS Confed

The Office for National Statistics

2, Future schedule

Open workshops will be offered to the Network on

Carbon as a motivator

Social determinants of health and the respective roles of NHS and Local Government agencies

Failure Demand and Waste and its quantification

3, The Glossary of Terms for Healthcare Value - Jane Johnston's paper

Please send comments on Jane Johnston's paperer (Appendix. 1) to Jane. The meeting agreed the paper was very helpful.

Make comments from the perspective of an ICB or local authority , the next phase, in 2026 will engage specialties through GIRFT to get the medical surgical specialties and primary care to think of the relevance of these measures to their particular segment of the population. In particular it was agreed there was a need to focus on imaging and laboratory testing as well as prescribing

Comments on verbal definitions to Muir Gray

One point that was raised was to arrange the terms under two headings, not one

PROCESS

- **Commissioning**
- **Structure, Process and, Outcome**
- **Programme budgeting and marginal analysis**
- **Precision medicine, Stratified medicine and Personalised medicine and healthcare**
- **Culture**
- **Leadership, Management, & Accountability**

- **Resilience**
- **Stewardship**
- **Population health, population healthcare and, population health management**
- **Integrated care – System, Network and, Pathway**

OUTCOME

- **Value**
- **Waste**
- **Efficacy and Effectiveness**
- **Outcome**
- **Cost-effectiveness, productivity, and efficiency**
- **Quality**
- **Variation, Warranted and Unwarranted**
- **Overuse**
- **Necessary, Appropriate, Inappropriate and Futile**
- **Equity, Equality**
- **Shared decision-making**
- **Empathy**
- **Wellbeing**

4, Future schedule

Digital meeting middle of November to discuss second version of the Glossary

Face to face meeting on 4th December , Metropole ,Paddington , alongside HFMA conference

Open workshops will be offered to the Network on

Carbon and environmental sustainability as a motivator

Social determinants of health and the respective roles oh NHS and Local Government agencies at levels of Neighbourhood/parish, ICB/ Unitary, Rgion/ Mayorality

Failure Demand and Waste and its quantification

5, Creating a Culture of Stewardship

A discussion took place about the development of a culture of stewardship and it was agreed that while each of the professions would reflect and adapt their training

programmes but it was important to have a common core. the five module programme, developed based on the Rightcare programme between 2001 could be adopted by the individual professional groups as a common theme (Appendix 2). It was emphasised that civil servants in DHSC/NHS England should also be considered a professional group to share the common training. Muir Gray said that they were in discussion with the new Population Health Academy about the role and potential of the OVSN