

What is Decisions with Value?

Decisions with Value is an initiative guided by an independent Steering Committee comprised of experts from academia, healthcare policy and the NHS. We aim to help those working within the NHS achieve the greatest improvement in health outcomes possible, within the fixed budget or resources available.

Decisions with Value has developed three practical guides for **Providers**, **Commissioners** and **Clinicians**.

These guides provide tools and case studies to support NHS staff in the implementation of value-based decisions in everyday practice. Each of the guides below uses a 'Triple Value Definition' that breaks down value into 3 separate components – **Personal**, **Technical** and **Allocative**.

In contrast to cost cutting approaches, considering value in this way can deliver improved clinical, financial and patient outcomes, as well as a better experience for patients.

The Decisions with Value guides and **animation** illustrate how this whole system approach can be applied to all types of healthcare decision making and offers support to overcome barriers to implementation.

Decisions with Value is funded and organised by AbbVie

AbbVie.co.uk/decisionswithvalue



The Ipswich Hospital NHS Trust

Ipswich and East Suffolk Clinical Commissioning Group

Ipswich Frailty Assessment Base - FAB

The Challenge

- Frail patients are more likely to be admitted to emergency settings, stay longer in hospital for treatment and have longer lengths of stay
- Need to find an alternative pathway for this group of patients and help reduce the operational and financial challenges being created within the acute health and social care system

The Action

- New Frailty Assessment Base (FAB) to proactively assess and case manage people living with frailty
- Rapid assessment for individuals with complex co-morbidities who could otherwise have been admitted
- Multidisciplinary team providing comprehensive geriatric assessment and shared care plan
- Assessment tailored to provide same day diagnosis and integrated with local teams offering alternative methods of care and management outside of acute settings

Overcoming Barriers

- Developing solid business case and motivation of the development team
- Commitment from consultants led to flexible working within contracts in limited space to prove concept
- Employment of Geriatric Interface Nurse (GIN) based in Emergency Department to identify appropriate patients and improve awareness and engagement between Departments

The Outcomes

- In 16/17, 998 patients attended FAB. 93% of these patients avoided an admission
- Emergency admissions for 75 years and over reduced from 15/16 to 16/17 by 0.6% despite increased attendance
- 99.6% of patients would recommend the service to friends and family; and local primary care is now using FAB

