

# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

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**For Action by:**

Health Boards and NHS Trusts in Wales (Health Boards and Trusts) and Digital Health and Care Wales (DHCW)

**Action required by:** Immediate

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**Enclosure(s):** None

## Welsh Value in Health Centre: Data Requirements

### Background

1. This Welsh Health Circular provides an update to the arrangements set out in WHC 2020(003), and in particular ensuring that the aim of higher value health and care as described in *A Healthier Wales*, the Welsh Government's long term plan for health and social care, is facilitated through the Welsh Value in Health Centre, in line with its [strategy to 2024](#).
2. The [NHS Wales Planning Framework 2022 – 2025](#) emphasises that Value Based Health Care principles must be the basis on which services are planned and delivered. Value Based Health Care demands a data-informed approach to decision making, where staff at every level have readily accessible information on patient outcomes, to support their decision making on planning the allocation of resources and service design that meets true need across the whole pathway of care.
3. In Wales, we will drive the improvement of healthcare services and increased value for patients using a collaborative approach. We will share and use data, and develop our outcomes and costing measurement and analysis.
4. 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.
5. 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

6. The data to which this WHC refers includes:
  - Clinical audit and outcome reviews as listed in the *National Clinical Audit and Outcome Review Plan for 2019/20*, and in particular those data provided to the audit provider or registry as referred to in [WHC/2019/006](#), issued in May 2019, until superseded by WHC/2022/002, due in Spring 2022.
  - Patient Reported Outcome Measures (PROMs) as collected through the national PROMs platform and other platforms. <https://proms.nhs.wales/>
7. The data flows to audit providers and registries will continue.

8. **Digital Health and Care Wales** is required to collect the data to facilitate the Value Based Health Care approach and in particular to:
- Determine the purpose and means of processing the data by developing such Data Standards Change Notices (DSCNs) as will be necessary to streamline the flow of data from NHS organisations in Wales to DHCW.
  - Utilise specific elements of the National Data Resource Programme to facilitate the processing and sharing of information described within this instruction.
  - 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 for service planning and delivery.
9. **Health Boards and Trusts** are required to supply the clinical audit/registry data to DHCW to support the work of the Welsh Value in Health Centre and in particular to:
- Continue to submit data to UK-wide clinical audit and outcome reviews and national PROMs platforms;
  - Provide audit and PROMs data to DHCW for the purposes of creating visualisations and dashboards for Value Based Health Care approaches.

### **Responsibilities**

10. Health Boards and Trusts will remain controllers of the data at collection.
11. DHCW shall assume joint controllership of the data in conjunction with Health Boards and Trusts at the point of collecting the data, and will liaise with Health Boards and Trusts when determining the purposes and means of the processing.
12. Existing Data Sharing Agreements between Health Boards and Trusts shall be used for the information sharing event, and this shall be documented on the National Information Flows Register as held by DHCW.
13. DHCW, Health Boards and Trusts shall produce such Data Privacy Impact Assessments (DPIAs) as may be necessary to comply with the GDPR where new identifiable data is to be shared or otherwise processed.

## **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, and in the prevention, diagnosis and treatment of illness. 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, inter alia, provide throughout Wales, to such extent as they consider necessary to meet all reasonable requirements, healthcare services and such other services or facilities as they require for the diagnosis and treatment of illness.
- Pursuant to Section 12 of the National Health Service (Wales) Act 2006, the Welsh Ministers may direct a Local Health Board to exercise in relation to its area functions relating to the health service. 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 and are thus responsible for the provision of health services in Wales.
- Pursuant to Section 18 of the National Health Service (Wales) Act 2006, the Welsh Ministers may by order establish NHS trusts to provide goods and services for the purposes of the health service. Pursuant to Section 19 of the National Health Service (Wales) Act 2006, the Welsh Ministers may give directions to an NHS trust about its exercise of any functions.
- The supply of data to facilitate the work of the Welsh Value in Health Centre and in particular to continue to submit data to UK-wide clinical audit and outcome reviews and national PROMs platforms falls within the statutory functions of the Local Health Boards and the Trusts.
- Pursuant to Section 22 of the National Health Service (Wales) Act 2006, the Welsh Ministers may by order establish special bodies, known as a Special Health Authorities, for the purpose of exercising any functions which may be conferred on them.
- Pursuant to Section 24 of the National Health Service (Wales) Act 2006 the Welsh Ministers may direct a Special Health Authority to exercise any of the functions of the Welsh Ministers relating to the health service which are specified in the directions. Section 23 of the National Health Service (Wales)

Act 2006 provides that the Welsh Ministers may give directions to a Special Health Authority about its exercise of any functions.

- The Digital Health and Care Wales (Establishment and Membership) Order 2020 (“the Order”) came into force on 30 December 2020 and established Digital Health and Care Wales (“DHCW”) as a Special health Authority and made provision about its functions and membership. Article 3 sets out the nature of DHCW’s functions which are to be specified more particularly in directions given by the Welsh Ministers under Section 24 of the National Health Service (Wales) Act 2006. DHCW’s functions relate to, inter alia, the collection, analysis, use and dissemination of health service data and any other matter so as to secure the provision or promotion of services under the National Health Service (Wales) Act 2006.

For the purposes of the data flows already established within existing agreements, the following conditions from the GDPR are most likely to 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.

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