



Hellish Decisions in Healthcare Conference

Value based Healthcare for individuals and populations - a colloquium for leadership, for the leaders of 2016 , 2026 and 2036

Join us on 12-13 January at the University of Oxford to learn from and interact with healthcare professionals, who have faced problems similar to yours and have used a variety of innovative approaches and strategies to make their own Hellish Decisions.



“Value, Valor, Wert, Valore, Gwerth, Ertek, Luach - Value based healthcare is the new paradigm.”

Professor Sir Muir Gray, Honorary Professor of Primary Care Health Sciences, University of Oxford

Tremendous progress has been made over the last forty years due to the second healthcare revolution, with the first healthcare revolution having been the public health revolution of the nineteenth century. However there are still three outstanding problems which are found in every health service no matter how they are structured:

One of these problems is **unwarranted variation**, in access, quality, outcome and value. Then, **Overuse** (which leads to waste) and **Underuse** (which leads to failure to prevent the diseases that healthcare can prevent)

In addition the services will have to cope with rising need and demand without additional resources, **so what shall we do?**

We still need to focus on evidence based decision making and quality improvement but **value** embraces both.

Clinicians need to help patients relate the evidence to values of each individual. Policy makers, and people who pay for or manage health services need to ensure the care offered is not only evidence based and of high quality but also of optimal value to the population served. Low quality care is of low value but high quality interventions are not necessarily of high value. This requires a shift to population based systems rather than institution based care.

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We cannot, after 68 years answer questions such as

Is the service for people with epilepsy in Manchester of higher value than the service in Liverpool?

Which service for people at the end of life in London provides the best value?

Is the service for people with asthma in Somerset better than the service Devon?

The NHS has now adopted the Triple Value paradigm developed by the NHS Right Care programme which a team in Oxford helped to create

Allocative value, determined by how well the assets are distributed to different sub groups in the population. Not only in the programme for people with cancer or the programme for people with mental health problems, but also within each programme to the principle subgroups of that population

Technical value , determined not only by the efficiency of the service treating patients but also by how well resources are used for all the people in need in the population

Personalised value, determined by how well the outcome relates to the values of each individual

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Key sessions to include:

- ❖ Producing evidence in the value era
- ❖ Developing value-based programmes & systems
- ❖ Optimising system value by innovation & redundancy
- ❖ Optimising system value by reallocation of resources for a single condition
- ❖ The future of hospitals and what needs to be done to optimize the value of the service
- ❖ Creating public & social value
- ❖ Decisions for payers
- ❖ Commissioning for value



<https://www.phc.ox.ac.uk/events/hellish-decisions-in-healthcare-2017>

Hosted by the Value Based Healthcare Programme, within University of Oxford's Nuffield Department of Primary Care Health Sciences, in partnership with Better Value HealthCare and the Oxford Health Experiences Institute.