

Glossary for Pacesetter Programme

December 2018

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Section 1 - Glossary of General Terms

111: NHS 111 is a free-to-call, non-emergency medical helpline, available 24 hours a day, to be used for health information and advice and access to urgent care.

1000 Lives Improvement: the national improvement programme supporting organisations and individuals to deliver the highest quality and safest healthcare for the people of Wales.

Academi Wales: the centre for excellence in leadership and management for public services in Wales. Established in September 2012, Academi Wales is part of the portfolio of the Welsh Government Minister for Local Government and Public Services.

Access: for service users refers to the ability for people and their families to protect and / or improve their own health and wellbeing through ease of access to information, advice, guidance, treatment, and care.

Access QI: analysis of practice-based workload to enable practices to plan their workforce to meet variations in demand.

Acute Clinical Outreach: a multidisciplinary approach to deliver safe, equitable and quality care for acutely unwell and recovering patients, making it possible for them to stay in their own home and receive the support and care they need.

Allied Health Professionals (AHPs): work in health care professions that are distinct from nursing, medicine and pharmacy, providing a range of diagnostic, technical and therapeutic care and support services. AHPs include therapists, chiropodists, dietitians, occupational therapists, orthoptists, paramedics, physiotherapists, prosthetists, psychologists, psychotherapists, radiographers, and speech and language therapists.

Ambulatory Care: clinical care (which may include diagnosis, observation, treatment and rehabilitation) that manages patients / service users outside the hospital setting for conditions that would traditionally result in a hospital admission. Appropriate emergency patients are diagnosed and treated on the same day and sent home with on-going clinical support and supervision as needed.

Assets Based Approach: places people's skills, networks and community resources (their assets) alongside their needs to improve care and support. It focuses on the positive aspects of individuals and communities, valuing their capacity, skills, knowledge and connections. These assets can act as the foundation within the organisation's or community's workforce upon which to build better health outcomes.

Business Case: a well-structured, written document that provides the justification for undertaking a project or programme. It evaluates the benefit, cost and risk of alternative options and provides a rationale for the preferred solution.

Call handling: is the management of in-bound or out-bound telephone calls. It is part of call management and can involve centrally logging, recording and organising calls. Staff may be assisted by call handling scripts and / or the use of protocols.

Care Navigation: a person-centred approach that uses signposting and information to help people and their carers move through the health and social care system as smoothly as possible to ensure that their needs are met. At its heart, care navigation is a coordination process and aims to achieve integrated care to improve health and well-being. A person providing care navigation is usually based in a multi-professional team, helping to identify and signpost people to available services and acting as link workers.

Care Pathways: the route a service user takes from their first contact with a practitioner, through referral, to the completion of their treatment. It also covers the period from entry into a hospital or a treatment centre until the patient leaves. Service planners aim to improve the flow of service users along the pathway by reducing inefficiencies and improving the standardisation of care processes.

Clinical Engagement: the active and positive contribution of clinical practitioners within their normal working roles to maintain and enhance the performance of the organisation. Engagement is a two-way process involving organisations working to engage employees and recognising their commitment in supporting and encouraging high-quality care.

Cluster Funding: budgets allocated directly to primary care cluster teams to enable them to improve services and access, manage demand and try out new ways of working. The funding is managed through the Health Boards and is subject of health Board financial accounting and governance processes.

Clinical Governance: a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. The key components of clinical governance are: risk management; clinical audit; education, training and continuing professional development; evidence-based care and effectiveness; patient and carer experience and involvement; staffing and staff management.

Clinical Triage: assessment of service users by appropriately trained and experienced clinically registered practitioner, to prioritise by clinical need and urgency. The outcome could be advice, referral or booking a face-to-face consultation. **Pre-Triage** is a term sometimes used for triage by non-clinical staff, trained in the use of protocols or algorithms, prior to the clinical triage process.

Collaborative Approach: the partnership between providers, service users and their families in shared decision-making, coordination and cooperation.

Co-location of services: services located in the same physical space, though not necessarily fully integrated with one another. Co-location can involve shared space, equipment, and staff for health and human services; coordinated care between services; or a partnership between health providers and human services providers.

Community Care Services Community care services are locally based health or social care services provided in or near people's homes. Partners from health, local government and the third sector deliver an extensive and varied range of services including preventative and health improvement services, support for long-term conditions and care for those with complex conditions.

Community Health Councils (CHCs): independent legal bodies established to act as the public voice to inform and advise organisations how their health care services can be improved in relation to the quality, quantity, access to and appropriateness of the services provided. CHCs consult the public directly on some issues to make sure that they are properly reflecting public views to the Health Board, Trust or Welsh Government.

Community Resource Team (CRT): a multidisciplinary, integrated team that aims to improve or restore the quality of life and confidence for people with complex health and social care needs, and to reduce avoidable admissions to hospital. The team is community-based and brings together professionals from health, social care and the third sector to provide care for people in their homes. Care co-ordinators often act as the main point of contact and help co-ordinate the services and care provided.

Components of the Primary Care Model: the key aspects of the Primary Care Model for Wales that takes a whole system approach to redesign, driven by national quality standards but with the flexibility to respond to local community needs.

http://www.primarycareone.wales.nhs.uk/sitesplus/documents/1191/Components%20of%20TransformationalModel%20for%20PC%20FINAL_.pdf

Critical Appraisal: the process of carefully and systematically assessing the outcome of research to judge its trustworthiness, value and relevance in a particular context. Critical appraisal looks at the way a study is conducted and examines factors such as internal validity, generalizability and relevance.

<http://www.primarycareone.wales.nhs.uk/critical-appraisal>

Early Intervention: the provision of treatment and support for people who are experiencing early symptoms of an illness. The aim is to provide low-level support to prevent the person developing more acute needs at a later stage.

Emerging Model for Primary Care (Wales): the *Primary Care Model for Wales* in its earlier draft format.

Evaluation: a systematic determination of a subject's merit, worth and significance, using criteria governed by a set of standards

Facilitation: the act of helping other people, through discussion, to deal with a process or reach an agreement or solution without getting directly involved in the process.

Federation Model (Cluster): a collaborative legal entity that aims to share the budgetary and provider responsibilities for delivering high quality services for its communities, including those more easily commissioned 'at scale'.

Governance: aims to ensure sound decisions are made in a safe environment, resulting in better impact and outcomes for service users. The concept of governance has multiple dimensions: people, roles, structures, and policies.

Governance framework: a framework through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

GP Cluster: the term 'GP Clusters' dates back to the GMS Contract Quality and Outcomes Framework (2015/2016) which established contractual requirements for GP practices to come together into cluster networks to draw up action plans. These cluster networks form a part of the wider multi professional, multi sector cluster teams in Wales, known as Primary Care Clusters.

<http://www.primarycareone.wales.nhs.uk/primary-care-clusters>

Health Education and Improvement Wales (HEIW): established in July 2017 to support the development of the Welsh Government's health workforce in relation to leadership, planning, education and improvement. <https://gov.wales/topics/health/nhswales/heiw/?lang=en>

Health Equity: the absence of avoidable or remediable differences among groups of people and implies that health should not be compromised or disadvantaged because of an individual or population group's race, ethnicity, gender, income, sexual orientation, neighbourhood or other social condition.

Health Inequalities: the differences in health state or status between individuals or groups, measured in various ways: socioeconomic group, gender, ethnicity or geographical location. Health inequities involve more than inequality with respect to health determinants and access to the resources needed to improve and maintain health or health outcomes - they also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms.

Healthy Prestatyn: a health board managed practice in North Wales comprised of five multi-disciplinary Key Teams, each caring for a specific group of service users and supported by other skilled professionals. The model is a local initiative and is designed to direct people to the most appropriate professional within the team for their care needs. <http://healthyprestatyniach.co.uk/>

A Healthier Wales: Our Plan for Health and Social Care (June 2018): a document published in response to the Parliamentary Review of the long term future of health and social care in Wales. The Plan sets out the five main ways to change health and social care and deliver the future vision for health and social care services in Wales. <https://gov.wales/topics/health/publications/healthier-wales/?lang=en>

Holistic Approach: to health means that a person works to maintain a good working balance between mind, body and spirit. Holistic treatment is designed to achieve that balance by treating the entire person.

Hub and Spoke model: multiple practising sites are established, where the 'hub' is the anchor site of the specialty area and the 'spokes' are connecting secondary sites serving that specialty.

Implementation of the Emerging Model Group (IEMG): a subgroup of the National Primary Care Board established to oversee the actions on recommendations set out in the Cluster Workforce Development report (2017). The group was replaced by the Transforming Primary Care Group (TPCG) in 2018, when the Primary Care Model for Wales was formally recognised.

Information Governance (IG): concerns the way we manage the confidentiality, integrity and availability of information about service users, families, staff, and about the organisation itself.

Information Governance framework: one of the keystones of good governance to support the delivery of services through the effective management of information and records. The legal framework governing the use of personal confidential data in health care is complex; the Data Protection Act 2018 and General Data Protection Regulation (GDPR) impact on the way information is managed and the way organisations support service users and staff.

Innovation in Healthcare: a new or at least significantly different initiative, applicable to healthcare and providing a benefit to service users. The term is used to describe policies, systems, technologies, ideas, services and products that provide solutions to existing healthcare problems.

Inquiry into Primary Care Clusters (Oct 2017): a national inquiry by the Health, Social Care and Sport Committee that aimed to provide a better understanding of how the cluster model is working in Wales and the role of clusters as a means of transforming primary care. The Inquiry, together with the *Parliamentary Review of Health and Social Care in Wales (2018)* have helped to inform the actions needed to transform health and care in Wales.

<http://www.assembly.wales/laid%20documents/cr-ld11226/cr-ld11226-e.pdf>

Integrated Care: a means to improve services in relation to access, quality, user satisfaction and efficiency. It provides a more coordinated and collaborative approach to care provision and may be seen as a response to fragmented delivery of health and care services.

Integrated Medium Term Plan (IMTP): reflects health board priorities over a three-year timeframe, aligned with Welsh Government planning expectations and requirements. The IMTP constitutes a process and vehicle to review and articulate the health board's strategy, priorities and delivery actions. The plan reflects the values and commitment of the organisation to engage and collaborate with partners, service users, communities and staff to deliver safe, high quality services for their entire population.

Integrated Care Fund: aims to drive and enable integrated working between social services, health, housing, the Third and independent sectors. The focus of the fund is to enable older people to maintain their independence and remain at home, avoiding unnecessary hospital admissions and delayed discharges. It also supports the development of integrated care and support services for other groups of

people including people with learning disabilities, children with complex needs and autism.
<https://gov.wales/topics/health/socialcare/working/icf/?lang=en>

Intermediate Care: also known as 'step up, step down' or transitional care, is care out of hospital for people who are medically stable but still need temporary care in a community bed or home-care for recovery and rehabilitation.

Inverse Care Law: the principle that the availability of good medical or social care tends to vary inversely with the need of the population served. The Inverse Care Law is a key issue in the debate about health inequality.

Joined-up working: involves working in partnership with others, whether in the public, private or voluntary sector, in order to identify and solve local problems.

Model of Care: the overarching design for the provision of a particular type of health care service shaped by evidence-based practice and standards that broadly define the way health services are delivered.

Multidisciplinary Teams (MDTs): consist of a range of professionals from diverse disciplines who come together to provide comprehensive assessment and management within health and care services.

Interprofessional teamwork refers to the cooperation, coordination, and collaboration among members of different professions in delivering person-centred care.

<http://www.primarycareone.wales.nhs.uk/news/49524>

Multi-agency working: a collaboration across organisational boundaries to provide a seamless response to individuals with multiple and complex needs.

My Health Online: an online service to enable people to book GP appointments, order repeat prescriptions and update their general details from the convenience of their home computer, tablet or mobile phone. Most GP practices in Wales have the facility to offer a *My Health Online* service.
<https://www.myhealthonline-inps2.wales.nhs.uk/welcome>

National Primary Care Board: the purpose of the Board is to provide a strong collaborative mechanism to deliver the national Primary Care Plan for Wales.
<http://www.primarycareone.wales.nhs.uk/primary-care-strategy/>

Neighbourhood Care Network (NCN): the terminology used for *Primary Care Clusters* in the Aneurin Bevan Health Board areas of Blaenau Gwent, Torfaen, Newport, Monmouth and Caerphilly.

NHS Wales Shared Services Partnership (NWSSP): an independent organisation that supports NHS Wales through high quality, customer-focused support functions and services e.g. employment (recruitment, payroll and pensions), legal advice and representation and procurement services.

NHS Wales Informatics Service (NWIS): supports NHS Wales in making best use of IT skills and resources. NWIS brings together the strategic development of Information Communications Technology (ICT), the delivery of operational ICT services and information management.

NHS Direct Wales: a nurse-led telephone information service that provides basic healthcare advice to callers and directs those with more serious complaints to the appropriate part of the wider. The service is available 24 hours a day, seven days per week, as part of the Welsh Ambulance Services NHS Trust.

Out of Hours Peer Review (2018-19): an All Wales process focused on identifying sustainable solutions which deliver a quality improvement and transformational process for the Out of Hours urgent primary care services within each health board.

Pacesetter Programme: established in 2015 and funded by Welsh Government, the programme aims to stimulate innovation and redesign of primary care services with pace, contributing to the transformation of primary care in Wales. <http://www.primarycareone.wales.nhs.uk/pacesetters>

Pacesetter Projects: comprise the Pacesetter Programme and implemented by primary care teams within the 7 health boards across NHS Wales. The projects focus on the sustainability of primary care, moving services from hospitals into the community and improving access for service users. <http://www.primarycareone.wales.nhs.uk/projects>

Pathfinder Project: term used at the outset of the Pacesetter Programme to denote the funding of new innovative projects - differentiating them from projects that had been previously established but required funding to enable them to be evaluated with pace. The term has been subsequently dropped from the Pacesetter terminology to avoid confusion.

Patient - Centred / Personalised Care: an approach to working with people that puts the individual's needs and aspirations firmly at the centre of the process. It includes respect for the individual's values, preferences, and expressed needs; co-ordination and integration of care; information, communication, and education; emotional support; welcoming the involvement of family and friends; attention to transition and continuity; access to care.

Parliamentary Review of Health and Social Care in Wales (January 2018): an independent cross-party review of the future of health and care services in Wales, undertaken by an international panel of experts. The final publication: *A Revolution from Within - Transforming Health and Care in Wales* identifies important issues facing health services in Wales through examination of the current evidence. It makes the case for change, setting out the key challenges, options for the way forward and ten recommendations to transform health and care services in Wales. <https://gov.wales/topics/health/nhswales/review/?lang=en>

Peer Network: professionals in the same working environment meet physically or remotely to share experiences and learning and offer mutual support.

Pooled Budget: a discrete fund set up by partner organisations to achieve shared aims and outcomes. Under a pooled budget arrangement, health and care organisations are able to pool resources and delegate functions to a lead partner. A signed agreement sets out the nature of the activities and how the parties intend to operate those activities together.

Population Health: the health outcomes of a defined group of people, as well as the distribution of health outcomes within the group. It is influenced by a wide range of factors and the interactions between them, including the local environment, lifestyles and access to health care and other public and private services. Age, sex and genes influence health, as well as social networks and the wider society.

Population Needs Methodology: a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities.

Population Needs Assessment: examines aggregated assessment of population needs that underlie good health or pose potential risks, to inform innovative policies and service developments.

Preventive Approach: promotes wellness and identifies potential problems as early as possible to ensure effective support for people.

Primary Care: is about those services that provide the first point of care, day or night for more than 90% of people's contact with the health and care system in Wales. General practice is a core element of primary care: it is not the only element – primary care encompasses many more health services, including, pharmacy, dentistry, and optometry. It is also – importantly - about coordinating access for people to the wide range of services in the local community to help meet their health and wellbeing needs. These community services include a very wide range of staff, such as community and district nurses, midwives, health visitors, mental health teams, health promotion teams, physiotherapists,

occupational therapists, podiatrists, phlebotomists, paramedics, social services, other local authority staff and all those people working and volunteering in the wealth of voluntary organisations which support people in our communities.

Primary Care Cluster: brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the wellbeing of individuals and communities. See also *Inquiry into Primary Care Clusters*.

<http://www.primarycareone.wales.nhs.uk/primary-care-clusters>

Primary Care Support Network/Unit: offers support to GP practices experiencing problems with service user demand, recruitment of key practitioners or other issues of sustainability. The aim of the Support Network or Unit is to assist the practice through engagement, advice and support, endeavoring to understand and address the underlying issues through partnership-working.

Primary Care Hub (cluster model): an innovative model that aims to provide service users with faster and more direct access to advice, care and treatment. Service users are assessed through the cluster Telephone First triage system and directed to the most appropriate cluster professional.

Primary Care Model for Wales: represents a transformational programme of change to primary care and community services across Wales, as articulated in the Primary Care Strategy. The model takes a whole system approach to redesign, driven by national quality standards but with flexibility to respond to local community needs, and was endorsed by the National Primary Care Board in March 2018. The citizen is central to the new model, with inclusion of all ages and demographics, and improved access will ensure the right care is available at the right time from the right source, at or close to home.

<http://www.primarycareone.wales.nhs.uk/roadmap-for-a-future-primary-care-model/>

Primary Care Workforce Group: established to identify and monitor the progress of health board actions against the All Wales Primary Care Workforce Plan and work collaboratively to establish a robust approach to workforce planning at an All Wales level.

Primary and Community Care Development and Innovation Hub (Public Health Wales): established within the Primary Care Division to facilitate rapid and coordinated delivery of projects that support the development and transformation of primary care services in Wales.

Prudent Healthcare: an approach to health care underpinned by the Welsh Government's four principles of Prudence that promote co-production, prioritised care based on need, reduced waste, doing only what is needed and reducing inappropriate variation.

<http://www.prudenthealthcare.org.uk/>

Public and Service User Engagement: the process of engaging the public and service users at an individual and collective level throughout the planning and design of services to create localised, personalised and effective services.

Public Service Boards (PSBs): introduced by *The Well-being of Future Generations (Wales) Act 2015* for each Local Authority area in Wales. Each PSB must improve the economic, social, environmental and cultural well-being of its area by strengthening joint working across all public services in Wales to achieve well-being goals. <https://gov.wales/topics/improvingservices/public-services-boards/?lang=en>

Quality Improvement (QI): focuses on the preferences and needs of the people who use the services to improve the quality of their experiences and outcomes. An evidence-based approach that advocates protected time to deliver initiatives and embed new approaches more effectively and efficiently into practice.

Quadruple Aim: four mutually supportive goals to achieve an effective and sustainable health service for the future. The goals are: improved population health and well-being through a focus on prevention; better experiences and quality of care for families and individuals; enriched well-being, capability and engagement of the health and care workforce; greater value from funding of health

and care through improvement, innovation, use of best practice and eliminating waste.

<https://www.mihia.org/index.php/quad-aim/what-is-the-quad-aim>

Regional Partnership Boards (RPBs): established under the Social Services and Well-being (Wales) Act in April 2016, seven statutory partnerships were founded on the footprints of Local Health Boards to drive the strategic regional delivery of social services in close collaboration with health. RPBs must ensure that all partners work effectively together to improve outcomes for people in their region, ensuring that services and resources are used in the most effective and efficient way.

<https://www.wlga.wales/guidance-for-regional-partnership-boards-integrated-commissioning-of-services-for-families-children-and-young-people-with-complex-needs>

Reconfiguration: the rearrangement of services or facilities to achieve the maximum cost, clinical and patient benefit.

Scaling up: the process of reaching larger numbers of a target audience in a broader geographic area by institutionalising effective programmes. Scaled-up programmes have increased visibility and effectiveness, helping shift social norms and foster greater acceptability and support.

Seamless Care: continuity of care received by a service user across the spectrum of caregivers and their environments, providing a smooth and safe transition along the care pathway regardless of setting, sector or agency giving the care.

Self-Care (or Self- Management): all the actions taken by people to recognise, treat and manage their own health. It includes taking exercise, eating well, taking action to prevent illness and accidents, the better use of medicines, treatment of minor ailments, and better care of long-term conditions. They may do this independently or in partnership with the healthcare system.

Service Level Agreement (SLA): part of a contract that defines exactly what a service provider will provide and the required level or standard for the services, setting out the expectations and requirements of each party. An SLA should include: objectives of the service, details of the deliverables, performance standards and reporting mechanisms.

Social Capital: resources or assets which can facilitate positive outcomes for a broad range of issues within society, with the potential to link and explain factors that influence both health and wellbeing.

Social Care: the provision of social work, personal care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age or poverty.

Social Enterprise Model: businesses that deliver goods and services but in pursuit of primarily social objectives. They are subject to normal business disciplines, but they reinvest financial surpluses for the purpose of those social objectives. The social enterprise sector is very diverse and operates in all parts of the economy.

https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/social-enterprise-community-based-care-richard-lewis-peter-hunt-david-carson-kings-fund-april-2006.pdf

Social Prescribing / Social Referral: a means of referring patients to a range of local, non-clinical services which are typically planned and delivered by voluntary and community sector organisations. Social referral can be defined as a clear, coherent and collaborative process in which healthcare professionals work with service users to select and make referrals to community-based services.

<http://www.primarycareone.wales.nhs.uk/social-prescribing>

Social Services and Well-being (Wales) Act 2014: came into force on 6th April 2016, providing a legal framework for improving the well-being of people who need care and support and changing the way peoples' needs are assessed and how services are delivered.

<https://www.legislation.gov.uk/anaw/2014/4/contents>

Signposting: directs service users to the most appropriate source of information, advice, support or care for their needs. Signposting can be used at any point in the care pathway, by any member of the administrative or clinical team.

Stakeholders: Any person or party who provides, receives, manages or pays for healthcare. The NHS has a wide range of stakeholders that all share an interest in its work, including service users and the public, practitioners, employers, Local Authorities and social care providers, charities, and the private, voluntary and community sectors.

Stakeholder Reference Groups: established within all health boards in Wales to encourage full engagement and active debate amongst stakeholders across the communities served by the health board. They aim to use the balanced opinions of its stakeholders to inform the decision making process.

Strategic Partnership or Alliance: a relationship between two organisations established to achieve a defined common objective. Although often formalised by contractual arrangements, it usually falls short of a legal partnership. Often the partners share a few common resources and principles such as electronic resources, clinical data, best practices and administrative services.

Strategic Programme for Primary Care: the strategic programme developed following publication of *A Healthier Wales: Our Plan for Health and Social Care in Wales (2018)*. Some areas are a continuation of previous work with increased pace and scale; other areas emerged as priorities in response to *A Healthier Wales*. At the heart of the strategic programme is working closely with partners, shifting the focus to a social model of care, ensuring timely access to primary care services when required and working seamlessly across the whole system.

<http://www.primarycareone.wales.nhs.uk/primary-care-strategy>

Sustainable health and care system: continues to meet the needs of the present whilst ensuring that the future needs of the population, community and individuals will be met, operating within the limits of financial, social and environmental resources.

Team-based working: the provision of services to meet the needs of individuals, families, and/or their communities by collaborative working, both within and across organisational settings.

Telecare: the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living. It is used in the care of elderly and physically less able people, providing the care and reassurance needed to allow them to remain living in their own homes.

Telehealth: the remote exchange of data between a patient at home and their clinician(s) to assist in diagnosis and monitoring, typically used to support people with Long Term Conditions. Used effectively, it can improve the patient's experience of care by reducing the need for travel to major cities and hospitals to receive care and treatment.

Telephone First Triage / Consultation: a method of triage in which a trained and experienced clinician speaks on the telephone to all patients who call a general practice, providing assessment and reaching a shared decision about their future management. This approach aims to ensure patients are assessed and treated according to the priority of their symptoms and urgency of their enquiry, within a defined timescale.

Transformational Change: in health and social care can be defined as coordinated, system-wide change affecting multiple organisations and care providers, with the goal of achieving significant improvements in the efficiency and effectiveness of health care delivery, quality of care and population-level outcomes. A transformational programme of change to primary care and community services in Wales is underway to safeguard the health and wellbeing of the people of Wales, in line with the findings of: *A Healthier Wales: our Plan for Health and Social Care* published in June 2018.

<http://www.primarycareone.wales.nhs.uk/transforming-primary-care>

Transforming Primary Care Group (TPCG): evolved from the *Implementation of the Emerging Model Group* (IEMG). The aims of the TPCG were to coordinate and oversee recommended actions emerging from the Pacesetter Programme and to support implementation of the model at a local level.

<http://www.primarycareone.wales.nhs.uk/transforming-primary-care>

Triage System: aims to improve access to care by directing people to the most appropriate professional and service, at the most appropriate time, and to identify those who have an immediate medical need.

Unscheduled Care: health and / or social care that cannot reasonably be foreseen or planned in advance of contact with the relevant professional.

Value-based Healthcare / Care: a payment model that rewards healthcare providers for providing quality care to patients. Under this approach, providers aim to providing better care for patients and better health for populations at a lower cost; it is aligned to the core principles of the prudent healthcare framework. <https://www.imsta.ie/wp-content/uploads/2018/04/Alan-Brace-Welsh-Government.pdf>

Virtual Wards: a community-based service using systems, processes and staffing similar to a hospital ward but without the physical building. Virtual Wards provide multidisciplinary care to patients at high risk of unplanned hospital admission, based on the forecasts of a predictive risk model.

Well-being of Future Generations (Wales) Act 2015: aims to improve the social, economic, environmental and cultural well-being of Wales. It requires public bodies, including local authorities, health boards and the Arts and Sports Councils of Wales, to prioritise long-term sustainability through working together and with other organisations (such as third sector groups) and the public to prevent and tackle problems. The Act establishes a statutory Future Generations Commissioner for Wales to act as a guardian for the interests of future generations and to support the public bodies listed in the Act to work towards achieving the well-being goals.

<https://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

Welsh Language Commissioner: has a role to promote and facilitate the use of the Welsh language and work towards ensuring that it is treated no less favourably than the English language. The Commissioner imposes duties on some organisations to comply with standards relating to the Welsh language and conducts inquiries into matters relating to the Commissioner's functions.

Welsh Risk Pool Services (WRPS): a mutual organisation that reimburses losses over £25,000 incurred by Welsh NHS bodies arising out of negligence. The Welsh Risk Pool Services is funded through the NHS Wales Healthcare budget.

<http://www.nwssp.wales.nhs.uk/welsh-risk-pool>

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Section 2 - Glossary of Terms for Indicators and Evaluation

A guide to some of the common terms used when working with metrics, indicators and the evaluation of projects and programmes.

Admission Rates: the number of cases of a specific illness or disease that are admitted for treatment in hospitals, relative to the population of a geographical area.

Balancing Measures: determine whether changes designed to improve one part of the system are causing new problems in other parts of the system. They are usually designed to capture undesirable consequences of quality improvement.

Evaluation: a systematic assessment of a subject's merit, worth and significance, using criteria governed by a set of standards.

Feedback loops: typically used to regulate and control. A feedback loop is like an input, but its origin is from within the system itself, not from outside the system. In many systems, the output re-enters the system as another input.

Indicators: in healthcare is a measure designed to summarise information about a given priority topic in population health or health system performance. Health indicators provide comparable and actionable information across different geographic, organizational or administrative boundaries and/or can track progress over time.

Lean Methodology: is a set of operating philosophies and methods that help create a maximum value for patients / service users by reducing waste and waits. It emphasizes the consideration of the customer's needs, employee involvement and continuous improvement. Lean promotes the flow of value to the service user through continuous improvement and respect for people.

Logic modelling: used in the development of monitoring and evaluation plans, helping to identify short, medium and long-term outcomes that are linked to the key activities of a programme or strategy.

Metrics: quantitative information about a particular activity and its outcomes. An indicator is a particular sort of metric that identifies issues that may be worthy of further investigation.

Monitoring: the process of regular observation and follow up for specific indicators, to check progress or quality over a period of time, with a view to action when a particular threshold is crossed.

Mortality Rate: or death rate is the rate of actual deaths to expected deaths.

Outcome: a measurable change in health or functional status. It can be used to assess the effectiveness of an intervention or impact of a risk factor.

Outcome Measures: reflect the impact of the health care service or intervention on the health status of patients. An outcome is the result of numerous factors, many beyond providers' control. Risk-adjustment methods (mathematical models that correct for differing characteristics within a population, such as patient health status) can help account for these factors.

Output: results obtained after running a process, or part of a process.

Outlier: a result sitting outside the range of other observable measures.

Patient / Service User Experience: focuses on the measures and elements that are important to the patient/service user, including respect for their values, preferences and expressed needs. It may reflect effectiveness of communications, physical comfort, continuity of care, etc.

Patient / Service User Flow: the movement of patients / service users through a service or facility. It is a reflection of how services are accessed, when and where assessment and treatment is available, and who it is provided by. It can have a significant impact on the quality of care received.

Process Mapping: the plotting of a service user's journey to identify points of inefficiency and/or opportunities for improvement.

Performance: the degree to which a system delivers, as measured against specific and agreed standards and criteria.

Population-Level Outcomes: health outcomes in a population result from a complex web of cultural, environmental, political, social, economic, behavioural, and genetic factors. In this causal web, diseases and injuries are intermediate factors, rather than outcomes, that may influence a person's health.

Quality Measures: used to assess and compare the quality of health care, classified as either a structure, process, or outcome measure

Structural Measures: measures of a health care provider's capacity, systems, and processes to provide high-quality care

Process Measures: indicate what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition. These measures typically reflect generally accepted recommendations for clinical practice. The majority of health care quality measures used for public reporting are process measures

Quality of Care (WHO definition): the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centred.

Quality Improvement (QI): a commitment to continuously improving the quality of healthcare by focusing on the preferences and needs of people who use the services. As an approach, it ensures there is time to deliver and embed evidence-based initiatives more effectively and efficiently into practice.

Referral to Treatment (RTT): the period of time from referral by a other medical practitioner to hospital for treatment in the NHS in Wales. An RTT pathway includes the time from referral to hospital for treatment and time spent waiting for any hospital appointments, tests, scans or other procedures that may be needed before being treated.

Repeatable/Reproducible/Reliable: for most purposes these terms refer to the degree to which a measurement is the same each time it is repeated (see 'validity').

Standard: the level at which a criterion is set; sometimes called a benchmark or a minimum standard.

Surveillance: the regular and systematic collection, collation and analysis of data. It can be used to spot emerging problems, e.g. changes in disease rates, or to monitor important outcomes of a system or process.

Synthetic data: by using research from elsewhere and the characteristics of the local population, it is possible to 'synthesise' a locally useful estimate of data that would otherwise be missing.

Targets in healthcare: a set of national performance measures specifically designed to improve the performance of health services that reflect significant public and government priorities. Intelligent Targets are evidence based and patient / service user-centred, developed in partnership with and owned by clinicians in all professional groups.

Trajectory: a predicted future direction and rate of change of the value of an indicator, as predicted by previous changes.

Trend: comparison of the same indicator over time.

Validity: accuracy, i.e. the degree to which a measurement truly measures the issue of interest.

Variation – common cause: the inevitable variation that is observed in any process. Such variation is characteristic of the whole system.

Variation – special cause: a departure from the norm due to a particular characteristic of the outlier, rather than to a characteristic of the whole system. To address such an outlier, the focus should be on the individual case/event/outlier, not the whole system.

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