



**Oxford Value and  
Stewardship Programme**

# **Value Improvement Project Guidance**

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## Table of Contents

|   |                                     |
|---|-------------------------------------|
| WELCOME TO CREATING YOUR VALUE IMPROVEMENT PROJECT.....     | 3                                   |
| HOW TO DEVELOP YOUR VALUE IMPROVEMENT PROJECT.....          | 3                                   |
| VALUE IMPROVEMENT PROJECT TITLE .....                       | 4                                   |
| STEP 1 – PROBLEM IDENTIFICATION .....                       | 4                                   |
| STEP 2 – BACKGROUND.....                                    | 4                                   |
| STEP 3 – DESCRIBING THE PROBLEM .....                       | 5                                   |
| STEP 4 – OUTCOME(S) OF INTEREST & BASELINE MEASUREMENT..... | <b>ERROR! BOOKMARK NOT DEFINED.</b> |
| STEP 5 – IDENTIFYING YOUR INTERVENTION .....                | 5                                   |
| STEP 6 – ENGAGING OTHERS .....                              | 6                                   |
| STEP 7 – TESTING YOUR INTERVENTION.....                     | 6                                   |
| STEP 8 – LESSONS AND LIMITATIONS .....                      | 7                                   |
| STEP 9 – ABSTRACT .....                                     | 8                                   |
| STEP 10: REFERENCES .....                                   | 8                                   |

## Welcome to your Value Improvement Project

It is clear that the need and demand for healthcare is continuing to increase faster than resources. We need to continue with the developments that have emerged in the last fifty years, notably evidence-based decision making and improvements in quality, safety and efficiency. These are necessary but not sufficient. What is needed is a new paradigm - value based healthcare with value having four dimensions

- **personal value** - appropriate care to achieve a patient's personal goals
- **allocative value** - equitable resource distribution across all populations and within each population across all patient groups
- **technical value** - achievement of best possible outcomes with available resources; it is important to emphasise that this means using the resources for all the people in need in the population not just those who reach the service and become patients. This means that technical value also includes measurement and minimisation of inequity.
- **social value** - contribution of healthcare to social participation and connectedness

The opposite of value is waste, not only resulting from inefficiency but also

- *Waste when the resources used do not achieve outcomes that matter to patients*
- *Waste due to the use of resources that would produce more value if used:*
  - *for another purpose for that subgroup of the population or for*
  - *another subgroup of the population.*

And this is where your Value Improvement Project (VIP) comes in! The goal of your VIP is to share how you and your colleagues worked to improve one or more than one type of value (personal, technical, allocative, social value) – namely, addressing topics such as how you improved patient outcomes, improved population outcomes; reduced unmet need; reduced health inequities and inequalities; and optimised the use of resources (the time of patients and healthcare staff, money, use of space and use of carbon).

Although this document provides some guidance, we expect that you will likely find your own ways to carry out each step. Please describe the way you carry out each step in the text boxes provided, explaining your rationale. This will help other colleagues to learn from your ideas in future.

## How to develop your Value Improvement Project

To begin your VIP, you can take the standard approach taken in evidence-based medicine called PICO:

**P**roblem

**I**ntervention

**C**ontrol

**O**utcomes

You can start by defining the Problem that you are interested in tackling. Defining the Problem will link directly to the Outcome(s) you are interested in impacting and will directly inform the Intervention, which should be designed to deliver the outcome(s) of interest. The Control, in addition

to the Baseline Measurement, provides an indication of if and how your Intervention is impacting the Outcomes of interest for the Problem you identified.

## Value Improvement Project title

### Step 1 – Problem identification

This step requires you to answer three questions to help identify the problem you will be tackling in your VIP and why.

The questions you will be asked to complete are:

1. What is the symptom (e.g back pain), condition (e.g. last year of life), disease (e.g. type 2 diabetes) or social characteristic (e.g. deprivation) of the population group that is your focus?

**Hint:** An example of condition is atrial fibrillation (AF); a symptom could be breathlessness; the population group could be frail elderly people.

2. What is the geographical population you are accountable to and what is its size?

**Hint:** This could be Bicester – 37,748. This link is helpful to find the geographical population, it currently uses 2021 census data. Click [here](#). It may also be that the population is defined by the general practices relating to a specialist service in which case the numbers in each practice needed to be summed. You will then need to think about the numbers of people in the sub-group of the population, for example the number of people with ‘diagnosed atrial fibrillation’ or the number of people that have been assessed as having frailty.

3. What are the reasons for implementing this project?

**Hint:**

- Concern about the variation in referral rates from different general practices to the specialist service as possibly indicating inequity and/or inequality
- Supporting identification of patients with atrial fibrillation and ensuring they are on appropriate medication to reduce their risk of stroke
- Supporting frail elderly people to improve their health and wellbeing by being more physically and socially active

### Step 2 – Background

In this section you should include background information that is relevant to your project.

**Hint:** You may not be the first person to have identified the problem and attempted to solve it. Carrying out a search will provide some useful information into what solutions, if any, already exist locally, nationally, or internationally and what impact they have had as well as any lessons you can

learn from them. It is useful to contact the relevant patient charity and to also carry out your search by searching databases like PubMed and Medline as well as talking to your colleagues.

[PubMed link](#)

[Medline link](#)

### Step 3 – Describing the problem

In this section of the template, we ask you to describe the problem in detail. This is broken down into five prompts and an opportunity for you to summarise your answers.

1. List all the key factors involved in the problem.
2. Describe how these factors contribute to the problem.
3. List all the key stakeholders involved in the problem.
4. Describe the role of each individual stakeholder.
5. Describe the perspective of each individual stakeholder. This may be best done through an interview with each stakeholder.

**Hint:** It is important to note that the causes of a problem are often multi-factorial and the problem needs to be observed from many different perspectives.

### Step 4 – Outcome(s) of Interest & Baseline measurement

Having now carried out relevant background research and agreed what the problem is, it is important to measure the problem.

**Hint:**

- Begin by defining the Outcomes you want to impact, linked to the Problem you identified.
- Then identify how you will measure the outcome.
- Finally, it is important to take a baseline measurement before you have implemented your intervention. This will provide a benchmark against which future measurements for the outcome(s) of interest can be compared and which can be used to evaluate whether any changes have occurred in response to your intervention.

### Step 5 – Identifying your intervention

Having considered your problem from a number of perspectives and the outcomes you want to deliver; you should now be in a position to begin defining what your intervention to the problem will be. Producing an intervention is not always very straightforward and there are several issues which need to be considered.

**Hint:** Think about the following:

- Who is going to use the intervention?

- How will it be used?
- Does it have a dependency on a particular piece of technology?
- Will it be sustainable?
- What resources (time, money, space, carbon) are required to use it?
- Will there be a requirement for staff training?

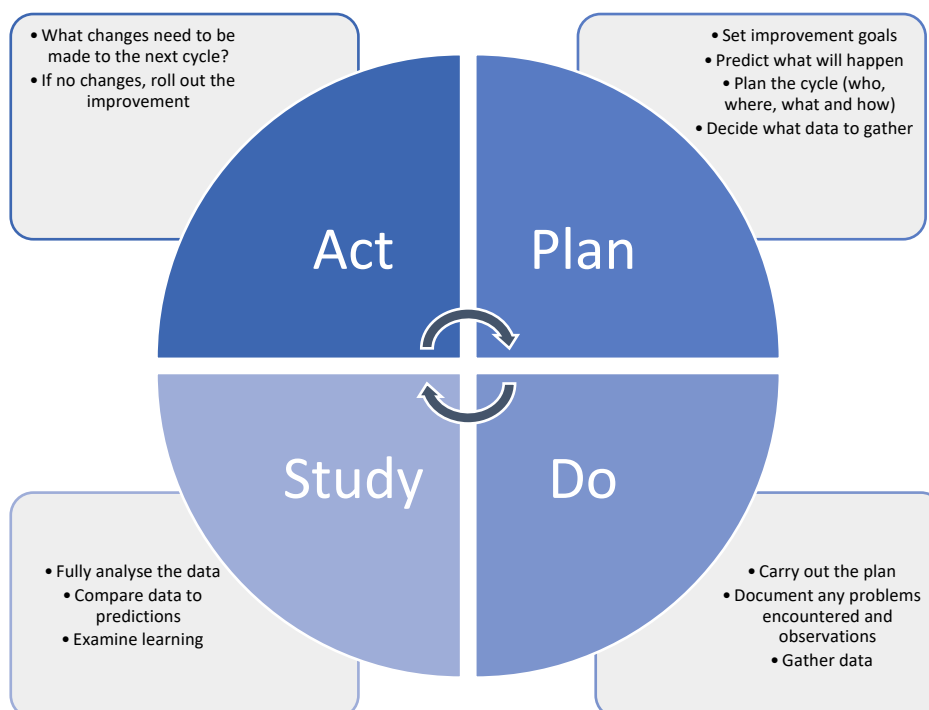
## Step 6 – Engaging others

Now that you have finished designing your intervention, you need to decide how to go about implementing change by engaging with others. Planning an engagement strategy at the very start of your VIP work is a key part of the journey.

The essence of a value improvement project is making transformational change within a team or organisation. This necessitates being able to communicate with different people and drive the change in the face of potential opposition and criticism. You often need to work to convince stakeholders affected by the change that the implementation of your intervention is necessary.

## Step 7 – Testing your Intervention

The next step is to test your intervention. This can be done using the PDSA approach (Plan, Do, Study, Act) cycle. Its purpose is to give you a framework for trying out and assessing your intervention. Going through the cycle step by step helps you to make small tests of change and to learn from them to improve your intervention.



During each PDSA cycle you will be testing one version of your intervention in real time. In the study step of the PDSA cycle you will be measuring the impact of your intervention on your problem, as well as observing it in other ways, such as getting feedback from users and stakeholders. Ideally this should be done over time rather than simply before or after the change is made.

After several PDSA cycles you may decide that you have refined your intervention enough and will enter a longer phase of collecting data about its efficacy. The measurements you take at this point and throughout your PDSA cycles will generate data for you to analyse and demonstrate whether there are any improvements in the outcome(s) of interest.

You may find that your intervention did not make an improvement and that data is also very important. Knowing what does not work is important for finding solutions to problems. You can do further PDSA cycles to refine your intervention or to think of a different way to tackle the problem altogether.

**Hint:**

Remember that a good value improvement project must contain at least three stages where measurement has occurred and at least two PDSA cycles as follows:

- Baseline measurement: before the project has started
- A mid project measurement: after one PDSA cycle
- A final measurement: after the final PDSA cycle.

## Step 8 – Lessons and limitations

An important part of carrying out a VIP is enabling others to learn from your experiences. A particular problem within healthcare is that there is a significant amount of unnecessary duplication of effort. Sharing your thoughts on what you learnt from this project will assist others in avoiding the pitfalls that you encountered and will help you to think about how you might do things differently next time.

**Hint:** In the VIP template

- Discuss how you navigated any problems that you encountered.
- How could your intervention be improved in the future.
- Reflect on your project's limitations; for example, did you realise as the project was implemented that your results would be affected by unforeseen factors such as a small sample size or the turnaround of patients or staff.

## Step 9 – Abstract

This is a summary of your work (up to 200 words) and is the most important section to attract a reader's attention.

### Hint:

- Include a brief background to the problem
- Include the method for your value improvement project
- Include the overall results. It's best to keep it succinct and factual.

## Step 10: References

In this section you should record any references to published material that you refer to elsewhere in your project.

### Hint:

- Add references as you progress with your project to ensure you build on the reference list over time.
- We recommend Vancouver style for referencing. (Helpful tool, <https://www.mybib.com/tools/vancouver-citation-generator>)