



Llywodraeth Cymru  
Welsh Government

PUBLICATION

# Promote, prevent and prepare for planned care

Empowering people waiting for treatment to optimise their health and well-being.

**First published:** 24 August 2023

**Last updated:** 24 August 2023

**This document was downloaded from GOV.WALES and may not be the latest version.**

Go to <https://www.gov.wales/promote-prevent-and-prepare-planned-care-html> for the latest version.

Get [information on copyright](#).

# Contents

**Introduction**

**Strategic context of the 3Ps**

**The aims and principles of the 3Ps national specification framework**

**Implementing the 3Ps policy**

**Policy in practice**

**Glossary**

**This document was downloaded from GOV.WALES and may not be the latest version.**

Go to <https://www.gov.wales/promote-prevent-and-prepare-planned-care-html> for the latest version.

Get [information on copyright](#).

# Introduction

## Policy statement

This policy and service specification has been developed in line with the commitments made in '[Our programme for transforming and modernising planned care and reducing waiting lists in Wales](#)' to ensure that support and information is easily accessible to those who are waiting for their appointments and interventions in secondary care services and their carers. It reflects the clear drive to 'change the narrative to move away from the passive term 'waiting list' to move towards a proactive preparation list that will provide holistic support for people to help them manage their conditions and support people to prepare for surgery. This includes improving communication with people before they access care and whilst they are waiting, and providing advice on actions they can take to keep them well and fit enough to benefit from their treatment.

## Why we need the 3Ps policy

The COVID-19 pandemic has resulted in significant delays in planned care activity. As a result, people referred to secondary care are experiencing unprecedented delays in care and treatment. In response to this, and to deliver on the commitments made by the Minister for Health & Social Care in Wales in the recovery plan, the 3Ps Policy is being developed.

Effective preparation for treatment from the start of the pathway has always been seen as an important part of prudent delivery of high quality person-centred and outcome-focused care.

The 3Ps model will change the narrative and culture from a 'waiting list' to an opportunity for pro-active 'preparation for treatment'.

In line with the 3Ps policy, people will be supported to better self-manage the condition they have been referred for, as well as their wider health and well-being needs, by providing an evidence-based, holistic and integrated whole system approach.

Health boards will deliver good quality services to those who require planned care in Wales to ensure they have the best outcomes and, through empowerment and support, ensure that their health is optimised and they are as prepared and as well as possible for their treatment.

## Defining the 3Ps

**Promote** - improved health behaviours

**Prevent** - worsening health

**Prepare** - for treatment and recovery

### Promote

Support to improve healthy behaviours form part of a universal offer and interventions are applicable to everyone.

People should be offered information and support on the six pillars of lifestyle medicine. These are healthy eating, physical activity, sleep, mental wellbeing, social connection and minimising harmful substances. Service users, and their carers, can be sign posted to appropriate resources and services including self-management services, apps and third sector services.

Universal advice should include advice on how to self-manage health and well-being as well as diagnosed conditions better. (Information to be available digitally and non-digitally, easily accessible and clearly visible).

## **Prevent (deconditioning and deterioration)**

These services are applicable to those people who have been referred to secondary care for specialist interventions and are “waiting” and those with long-term conditions. This would include support with early or late effects of a condition and co-morbidities, to support people to be as well as possible while they wait.

Following an assessment of needs, more targeted intervention should be offered to reduce the risk of deterioration of their condition and worsening health. The person’s primary concern or symptoms should be monitored with monitoring of deterioration in these and the effects on wider wellbeing.

Specific assessed needs should be addressed as part of a co-produced holistic care and support plan.

Ongoing monitoring of the individual’s condition should be undertaken using validated measures and tools, linked with their primary and secondary clinical leads.

## **Prepare**

These services provide specialist support to people leading up to their treatment, including pre-habilitation. This may be wider than pre-op assessment and need for pre and post op education.

Ongoing monitoring of the individual’s condition should be undertaken using validated measures and tools.

## Scope and purpose

This policy document and the recommended service specification has been developed to inform the delivery of services to support those residents in Wales who are waiting for planned care specialist services and their carers (Phase 1).

The evidence base states that effective preparation for treatment from the start of the pathway has always been seen as an important part of prudent delivery of high quality person-centred and outcome-focused care and it is intended that the 3Ps specification will support this, and wider health, by providing an evidence-based, holistic and integrated whole system approach to supporting the health care needs of the people in Wales.

Meaningful 'what matters to me' conversations will enable services to know more about the individual. The more we know about the individual, the better we can tailor and target support to their needs and preferences and enable and empower them to become active partners in their own health.

The service specification self-assessment tool has been developed with the aim of defining essential requirements and standards of care proposed to meet the vision and principles of the national 3Ps policy.

The objectives of the specification are:

- To ensure a consistent and compliant approach to implementing the 3Ps policy to ensure equitable access to services across Wales.
- To maximise the concept once for Wales where it is appropriate and justifiable.
- To identify minimum requirements that services must meet to provide 3Ps services.
- To drive improvement and encourage innovation in how people's health and well-being needs are met in terms of the 3Ps.

- To ensure services are evidence-based.
- To improve health and well-being outcomes for the people of Wales.

The 3Ps Policy outlines at a strategic level the underpinning principles, characteristics and functions of services supporting those waiting for treatment in Wales. It sets out what health boards, and wider services involved in delivering 3Ps support, are expected to deliver consistently across Wales in line with the commitments identified in the recovery plan.

The specification has been developed to provide a common vision, direction and understanding of how services should ensure equitable, safe, clinically effective and efficient access to support to ensure the best outcomes for their population. It is proposed that all services within this policy area should use the criteria identified in the specification as a self-assessment tool to understand how their services currently meet the principles, characteristics and functions set out in the specification and the actions required to achieve these.

From a service user perspective, the criteria set out what they should expect from a service with which they engage. The specification ensures that services have the experience of individuals and carers at the centre of everything they do.

The standards are aimed at working in conjunction with, and not replace, existing legislative requirements, and core NHS and professional standards.

The policy has been developed utilising Cairney's policy cycle methodology which provides a robust evidenced-based, systematic framework for policy development.

The specification has been coproduced with key partners and stakeholders, developed in accordance with strategic drivers and underpinned by the evidence base.

Note: This policy has been developed in discussion and alignment to the group developing the national cancer prehabilitation strategy recognising the links with the wider 3Ps policy.

## Strategic context of the 3Ps

Services delivering elements of the 3Ps contribute to achieving the ambitions of **'A Healthier Wales's** and the **Social Services and Well-being (Wales) Act (2014)** which focus on keeping people at the centre of everything we do.

**Our programme for transforming and modernising planned care and reducing waiting lists in Wales**, underpinned by the 'Planned Care 5 Goals Strategy', clearly sets out its ambition, and imperative, to move away from the passive term waiting list to move towards a proactive preparation list and better support people to wait well in line with recommendations made by the Health and Social Care Committee's report **Waiting well? The impact of the waiting times backlog on people in Wales (senedd.wales)** published in April 2022.

The National Clinical Framework describes how clinical services should be planned and developed in Wales based on an application of **value-based healthcare principles** to achieve the delivery of **Prudent healthcare**. which we refer to as 'prudent in practice'. In doing so, it recognises the need to support people to stay well and empower people self-manage their condition better.

The **Making Every Contact Count** approach will be instrumental in delivering 3Ps services and promoting people's health and wellbeing by helping them change their behaviour. The **NICE Perioperative Care in Adults** guidelines that support reduction of health risks through lifestyle modifications such as weight-loss and smoking cessation, should be included in discussions relating to risks associated with surgery, providing people with information on how to minimise these risk and promote preparedness and optimisation for surgery.



It is expected that services will address inequalities as set out in the **Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011** and develop sustainable, transformational and innovative 3Ps services underpinned by the **Health and Social Care Workforce Strategy**, and the **Digital Strategy for Wales**.

The 3Ps Policy is aligned to the **All Wales Rehabilitation Framework: Principles to achieve a person-centred value-based approach**. This document aims to support the priorities of a person, using a **value-based approach** to reach the wider rehabilitation needs of the people of Wales. The principles that underpin the framework were developed based on stakeholder feedback and align with the NHS and whole-system core values which have been set out in A Healthier Wales.

- Promote **wellbeing** by the provision of a holistic person-centred, needs-based approach
- Provision of **accessible** co-produced services that are equitable and inclusive
- Promotion of **healthier living** supported by prevention, supported self-management and optimisation
- That the nation's health and wellbeing is **everyone's business** in a culture of collaboration and co-production
- That services should be **sustainable** through long-term service planning, embracing digital innovation for societal benefit and greener ways of working and living

## The 3Ps model in the Welsh policy context

### The 3Ps policy in Wales

All information, services and resources that provide support to people to ensure

an effective planned care pathway in Wales fall under the aim and principles 'umbrella' of the Pro-active waiting:3Ps Policy. Phase 1 of the work will focus on those already on a hospital waiting list. Phase two will move the model to start in primary/community care.

## All-Wales

Opportunities to develop standardised once-for-Wales information, approaches and resources will be maximised to ensure:

- equity for those accessing support
- consistent information and messaging
- minimisation of duplicated effort in developing resources and designing services
- sharing of best practice

For the 3P policy These include:

- national standardised PROMs and PREMs
- holistic assessment tool (including self-assessment)
- NHS 111 information on waiting lists and signposting to national advice and guidance including Public Health Wales resources
- national third sector offer
- 'Waiting Well' national website; spread and scale of nationally developed models – both digital and non-digital

Other areas of work linked to the aims and principles of the 3Ps policy:

- Cancer Prehab2Rehab
- The All-Wales Rehabilitation Framework: Principles to achieve a person-centred value-based approach (2022)
- Public Health Wales Add to Your Years model development

- Effective preop assessment process including national work on anaemia pathway clinical data and clinical post-op outcome measures
- Social prescribing policy

## Regional

Some services may be delivered on a regional basis. These will include support in line with the evolving regional service delivery model; collaboration between health boards; regional third sector offer.

## Local

In line with the policy, all health boards will offer a comprehensive 3Ps support model which will include:

- A single point of access and accessible directory of services
- Locally developed information and support models including pre-habilitation
- Access to local information and support as well as signposting to regional and national models.
- Dedicated landing pages on websites providing information on the health board's 3Ps offer.
- Digital and non-digital information and support to maximise inclusion and choice

## The people of Wales

The people of Wales accessing information, support and care are at the centre of everything we do. All information and support provided will be underpinned by the 5 principles as set out in the people's charter.

# The aims and principles of the 3Ps national specification framework

## The aims

### Service users

- Enable a person-centred approach by focussing on the outcomes that matter to those using the services.
- Ensure better informed and empowered individuals regarding their role in co-production with services to make healthier lifestyle decisions – pro-active participation.
- Ensure services are based on prevention first and reduction of harm.
- Enable and empower people to contribute fully to their own health and wellbeing.
- Develop more resilience and self-efficacy in understanding and managing their own health.
- Improved health outcomes (increased percentage of healthy time at home, safety and quality in surgery).
- Positive service user experience and satisfaction with services.
- People are better informed and supported to wait well and actively prepare for care, treatment and recovery.
- Care and support is delivered in accordance with assessed need (prudent healthcare).
- Improved efficiencies (less cancelled treatments on-the-day and delays in pathways due those waiting for treatment not being fit/optimised).

## Services

- Serve as a guide in the development and improvement of services across Wales by identifying strengths and areas for improvement.
- Provide a framework to ensure a consistent level of quality of equitable services across Wales.
- Reduced demand on primary care and urgent and emergency services.
- More efficient and effective use of capacity.
- Reduced demand for complex care and bed days.
- Reduced demand on social and community care.
- Reduced risks associated with clinical harm, complaints and reputational damage.

## The principles

The underpinning principles of the 3Ps policy:

**Communication** - Keep people informed throughout the pathway and tell them what to expect and when.

**Shared decision making** - Informed and empowered people.

**Individualised care** - The right pathway for the person based on their needs.

**Holistic care** - Understand the person's needs as a whole (health and wellbeing).

**Data** - Collect data throughout to learn, improve and ensure evidence-based services.

## What do the principles mean from the

This document was downloaded from GOV.WALES and may not be the latest version.

Go to <https://www.gov.wales/promote-prevent-and-prepare-planned-care.html> for the latest version.

Get [information on copyright](#).

# person's perspective. Developing the 3Ps people's charter

## Communication

### Acknowledge:

- I know that my referral has been received and what waiting list I am on.
- I can suggest what channel of communication I prefer.
- I have been provided with information on how I can access information on what support is available to me whilst waiting via a single point of contact and on the health board's website.
- I can let the hospital know of any challenges I have to attend appointments.

### Waiting list information

- I can access up-to-date information about my waiting time.
- I can let the team know if my symptoms and my situation are improving or deteriorating.
- I can use screening tools to support my journey.

### Shared decision making

- The options available to me have been discussed.
- I have received sufficient information to help me make informed decisions about my care and support.
- I have clear information about expectations and referral criteria.

## **Overview**

- I have an overview of my planned care and what to expect.
- I understand and am prepared for my recovery and what this looks like for me.

## **Individualised care**

### **Easy access to support**

- I have access to peer support.
- I can access specialist support.
- I am clear about who-is-who in my care.
- I have access to clear information and education, including what is available in my community to support my own self-management.

### **Supporting me to attend my appointment**

- I have information about transport options and parking.
- I have information to support my role as a carer.
- I know what to bring, what to expect and how to prepare.
- I know if I can bring a companion.

## **Holistic care**

### **I'm still here**

- I can access support for my emotional wellbeing whilst waiting.

- I have regular contact with the team managing my wait so that "I feel like a partner in my own care."

## Data

### What is my role?

- I need the knowledge, information and confidence to work as a partner in my own care.
- I can access the information signposted to me.
- I have an awareness of specific expectations for different treatment options, for example, aims to achieve prior to specific procedures to improve my health and well-being outcomes.
- I can provide feedback about the services I have accessed and whether they have made a difference.

Co-produced Charter developed by Cardiff and Vale- as part of their waiting Well service developments. (remove?)

## Applying the person-centred stepped care model to the 3Ps

The stepped care approach was first developed in the UK in 2004 as a hierarchical system of delivering and monitoring treatments so that the most effective yet least resource-intensive, treatment is delivered to people first; only 'stepping up' to more intensive/specialist services as clinically required. The approach was originally developed in mental health services and is aligned with prudent healthcare principles: Having the right service in the right place, at the right time delivered by the right person. From a service-user's perspective, prudent healthcare also encourages people to consider what care and support



they need, including whether they can look after themselves and self-manage their condition.

## Promote

Step 1: Collaborate with me to grow well, living a happier healthier longer life.

Step 2: Collaborate with me to stay well and support myself.

Examples:

- key population health behaviours
- Choose well
- nudging
- NHS 111 planned care platform
- national and local websites
- sign posting to information
- leaflets
- support groups

## Prevent

Step 3: Assess and monitor me closely.

Step 4: Step up my care and keep me at home.

Examples:

- condition/disease specific guidance - supported by assessment of individual need and understanding of co-morbidity
- assess need (while waiting) to maximise health and wellbeing outcomes
- co-produce: decisions to treatment and agree steps to improve outcome

- primary care risk assessment
- PROMs and PREMs
- sign posting to information
- leaflets
- support groups

## Prepare

Step 5: Support me to preparation for my treatment and recovery.

Examples:

- optimisation programmes
- prehabilitation
- nudging
- sign posting to services to support need
- supported self-management (pre-op)
- pre-assessment
- VGC prehabilitation
- education and monitoring programmes
- Help Us Help You website

Step 6: Treatment and recovery

Examples:

- individualised care
- step down post-treatment to supported self-management
- PIFU/SOS
- rehabilitation
- support groups
- PSA self-management programmes

- social prescribing

## Implementing the 3Ps policy

Implementation of the 3Ps Policy will be undertaken in 2 phases:

Phase 1: Deliver on the outcomes identified for phase 1 to standardise the 3Ps offer across Wales and ensure equity of access to services for the people of Wales.

Phase 2: Embed the model as business-as-usual and extend the scope of the model to maximise integrated approaches across the health and care system to deliver seamless support to the people of Wales.

### Phase 1 (April 2023 to March 2024)

During Phase 1 it is expected that health boards will develop their 3Ps offer to those who have been referred and accepted onto a secondary care pathway in line with the national policy, the national service specification self-assessment tool and implementation plans and identified milestones. As a minimum, it is expected that health boards will:

- ensure executive leadership for the 3Ps policy area
- ensure implementation of the 3Ps programme is included in the health board's annual planned care recovery plan
- ensure the health board has a dedicated programme of work, supported by appropriate staff, to develop their local programme
- establish a single point of contact for people to access information and support following referral to specialist secondary care
- ensure staff are MECC trained.

- undertake a baseline assessment of 3Ps services within their health board (including community and voluntary services) to gain a better understanding of what is currently available and identify gaps in service. Utilise this information to inform the development of a comprehensive directory of services.
- collaborate with and maximise the capacity of the third sector and other public bodies in their area in the mapping and delivery of services
- ensure there are dedicated landing pages within their website that includes national, regional and local information and support for people waiting in line with the 3Ps policy
- maximise digital opportunities whilst balancing this with individual choice and needs
- provide information and support in a range of formats
- establish processes to regularly review and update the information provided
- establish processes where those waiting are offered 3Ps support at the earliest opportunity, including during the 6-monthly 'keeping in touch' and validation contacts
- fully participate and contribute to the relevant 3Ps developments and working groups to maximise once-for-Wales opportunities
- identify priority areas for development, for example, increased risks of harm associated with the greatest demand and/or longest waits for services
- implement nationally agreed and standardised PROMs, PREMs and holistic assessment tools
- contribute to, and benefit from, learning and the sharing of best practice, including systems, models, approaches and resources which have been developed in other health boards which are suitable for spread and scale

## 4.2: Phase 2 (April 2024 to March 2025)

During phase 2 it is expected that health boards, as a minimum, will:

- consolidate and embed as BAU the outputs and models developed in Phase

1

- define and develop primary care role in assessment and identification of people's planned care need to support appropriate referral (supported by the national pathway work)
- develop community services, maximising capacity within clusters to deliver 3Ps support closer to home

## Once for Wales developments

Opportunities to developed standardised systems, tools and models will be maximised across the 2 phases in order to:

- maximise the benefits associated with economy of scale
- develop evidence-based standardised resources that reduce variation and inequalities

## Policy in practice

### Waiting list support service - Hywel Dda University Health Board

#### What is the waiting list support service

The 'Waiting list support service' provide patients awaiting treatment both support and health and wellbeing advice via a single point of contact (phone/ email). The service also pro-actively communicates with patients (via letters/ phone calls) to provide a meaningful and holistic offer of support to patients to:

- keep them informed of their current expected wait

- offer a single point of contact should they need to contact us
- provide advice on self-management options whilst waiting
- offer advice on what to do if their symptoms deteriorate
- identify clinical deterioration and risk of harm
- offer alternative treatment options if appropriate
- incorporate review and checking of patient consent
- provide healthy lifestyle and wellbeing information and resources
- offer information and support on how to prepare for treatment

The team is made up of non-clinical and clinical staff and is open 5 days per week. The conversations with patients are based on a 'What matters to you?' approach and this encompasses both health and wellbeing conversations and signposting/offer appropriate services and support to patients based on these conversations, including health apps, online programmes and resources, smoking cessation, self-management programmes, community groups, 3rd sector, local authority support, telecare options, as well as referrals and clinical escalation to services if/as needed.

## **The impact**

In a recent evaluation it was found that the service:

- increased patients' satisfaction and reduced complaints through pro-active support and communication
- provided positive patient experience: people feel listened to and not forgotten
- reduced risk of harm through clinically agreed escalation plans based on assessment of symptoms of patients awaiting treatment
- increased access and uptake of self-management support and advice via online resources/programmes and health apps

## **Waiting list support service - Hywel Dda University Health Board**

# Cardiff & Vale University Health Board

## What is 'escape pain'

'Enabling self-management and coping with arthritic pain using exercise' is a 6-week behaviour change programme that provides support for people with chronic joint pain that integrates educational self-management and coping strategies with an exercise regimen individualised for each participant.

The course integrates educational self-management with physical activity, and each class consists of a group-led, facilitated discussion and a physical activity session. It aims to help people understand their condition and teach them simple self-management techniques and takes them through a progressive exercise programme so they learn how to cope with pain better.

It is community-based, with classes taking place in leisure centres across Cardiff and the Vale of Glamorgan. There are two separate 'Escape-pain' programmes: one for chronic back pain, and one for hip and knee arthritis.

## The impact

In a recent evaluation it was found that participants reported:

- increased levels of physical activity: changing attitudes towards exercise and physical activity
- physical improvements: able to do more everyday activities while feeling less pain
- increased confidence: in self-managing their health
- improved pain management: developing coping strategies and lifestyle changes

- feeling less alone with pain: benefitting from peer support.

## Escape pain hip and knee - Keeping Me Well

# Virtual Orthopaedic Prehabilitation - Hywel Dda University Health Board

## What is virtual orthopaedic prehabilitation

The 'Virtual orthopaedic prehabilitation' service provides a standardised tiered multidisciplinary virtual prehabilitation model supported by technology enabled care, and digital platforms, to support orthopaedic patients awaiting hip and knee arthroplasties across Hywel Dda.

The aim of the service is to support health optimisation and tailored input/advice to patients by providing a programme that includes physical exercise sessions, advice on the self-management of symptoms, healthy life-style advice, nutritional advice, home safety advice and advice on mood and wellbeing, to improve post-operative and longer-term health outcomes and patient experience.

## Delivery model

Patients are stratified onto one of 3 different virtual patient centred tiers of prehabilitation based on their clinical, physical, and psychological needs utilising digital platforms.

Tier 1: 8-week Online Prehabilitation programme provided through a digital personal held health record.

Tier 2: 'Live' virtual group Prehabilitation session (home-based) 12 sessions over



12 weeks utilising a virtual group platform based on a virtual group consultation concept and remote monitoring through technology enabled care (BP/ weight/ HR/ SaO2).

Tier 3: Supported/ specialist one to one virtual prehabilitation sessions for patients with more complex needs or digital accessibility challenges (hearing, eyesight etc) utilising a virtual platform and remote monitoring (default virtual, flexibility for face-to-face if required).

## The impact

In a recent evaluation identified the following outcomes:

- patients better prepared for surgery: reducing hospital length of stay at the point of surgery
- increased levels of physical activity: more patients doing the recommended level of exercise per week
- improved physical health: weight reduction and improved blood pressure readings
- increased awareness of health management: patients engaging in monitoring their weight, blood pressure and other domains of health
- improved patient experience and support: patients feeling supported and better prepared for their surgery and their ongoing recovery
- increased digital literacy/ inclusion: patients enabled and supported to access and manage their health via digital platforms

## Hywel Dda University Health Board virtual orthopaedic prehabilitation

# Glossary

## Apps

Software programs on mobile devices that can be used by people to maintain, improve, or manage their health.

## Behavioural science

Behavioural and social sciences that investigate the cognitive, social, and environmental drivers and barriers that influence health-related behaviours.

## Biopsychosocial approach

A model that considers biological, psychological, and social factors as central to supporting a persons' rehabilitation. [All Wales Rehabilitation Framework: Principles to achieve a person-centred approach](#)

## Chatbots

An automated tool designed to simulate an intelligent conversation with human users.

## Co-morbidities

Diseases or medical conditions that are simultaneously present with another or others in a patient.

## Co-production

A way of thinking that recognises people's own expertise in solving their own problems whereby professionals acknowledge what matters most to people and what will work best for them to achieve this. This contributes to a value-driven approach built on the principle that the people accessing a service are well placed to help design the care and support they receive. This in turn promotes autonomy and reduces the risk of dependency. [All Wales Rehabilitation Framework: Principles to achieve a person-centred approach](#)

## Deconditioning

The decline in physical function of the body.

## Empowering people

Providing people with the information or means to support themselves and take control of their own lives.

## Equitable services

Equity in health is concerned with providing and enhancing opportunities for all individuals to achieve their optimal health given their potential.

## Evidence-based

An approach that emphasizes the practical application of the findings of the best available current research.

## **Holistic**

Taking into account the whole person including psychological, social, economic and cultural factors, rather than just the symptoms of an illness.

## **Individualised**

Focused on the needs of the individual. See person-centred.

## **KPIs**

Quantifiable indicators of progress toward an intended result.

## **LOS**

Length of stay in hospital.

## **MECC**

The Making Every Contact Count (MECC) approach encourages health and social care staff to use the opportunities arising during their routine interactions with service users to have conversations about how they might make positive improvements to their health or wellbeing.

## **Nudging**

A behavioural change intervention involving a multidisciplinary and integrated

approach to support the move from 'waiting' to 'preparation' lists through the provision of prehabilitation style advice to those awaiting surgery.

## **Once for Wales**

Development of standardised approaches or resources that are adopted within specific policy areas across Wales with the intention of enabling consistent practice and reducing the need to duplicate effort across organisations.

## **Optimal stage**

The best or most favourable stage or time to facilitate the best outcomes.

## **Outcomes**

In the health context, outcomes are defined as those events occurring as a result of an intervention. These may be measured clinically (physical examination, laboratory testing, imaging), self-reported, or observed.

## **Outputs**

Products or deliverables.

## **Patient facing platforms**

Patient-facing platforms are designed to provide a wide range of computer or internet-based services that support service user interactions with the healthcare system. Examples of these systems include: patient portals and mobile

applications.

## Patient optimisation

A person-centred approach to safe and effective rehabilitation management, which ensures that people obtain the best possible outcomes. Should not be used to limit rehabilitation goals and aspirations. [All Wales Rehabilitation Framework: Principles to achieve a person-centred approach](#)

## PDSA cycle

The Plan-Do-Study-Act (PDSA) cycle supports change by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method, used for action-oriented learning.

## Person-centred

Being person-centred is about focusing care and support on the needs of individual and ensuring that people's preferences, needs and values guide clinical decisions, providing care and support that is respectful of and responsive to them.

## Prehabilitation

Prehabilitation is the practice of enhancing a person's functional capacity before surgery, with the aim of improving postoperative outcomes. [Prehabilitation | BJA Education | Oxford Academic \(oup.com\)](#)

## **PREMs**

Patient-Reported Experience Measures (PREMs) gather information on service users' views of their experience while they are receiving care and support. They indicate the quality of care and support received, although they do not measure it directly. PREMs are most commonly in the form of questionnaires.

## **Preventative approach**

A preventive approach is designed to avoid disease and illness. It is a proactive approach to patient care where preventative measures are used to ensure that any sickness is minimised and detected early so that a service user has the best chance of recovery to optimum health.

## **PROMs**

Patient-reported outcome measures (PROMs) are used to assess a patient's health status at a particular point in time. PROMs tools can be completed either during an illness or while treating a health condition. They can be used as part of waiting list validation and 'keeping in touch' to identify the need for reprioritisation. In some cases, using pre- and post-event PROMs can help measure the impact of an intervention.

## **Prudent healthcare**

The four core principles of prudent healthcare are co-production, prioritising those with the greatest need within the system, evidence-based care, and reducing waste and unnecessary interventions. To achieve health and wellbeing for those waiting/service users by health professionals, service users and the

public working together as equal partners.

## **Qualitative**

Qualitative data focuses on experience and what can be observed. This data type is non-numerical in nature. Qualitative feedback can provide information on 'how well did we do'.

## **Quantitative**

Information that can be quantified.

## **QI cycle**

The Quality Improvement cycle is the process of collecting, analysing & using data to improve the quality of services on an ongoing basis.

## **Social prescribing**

Sometimes referred to as community referral, social prescribing is a means of enabling GPs, nurses and other health and care professionals to refer people to a range of local, non-clinical services.

## **Universal offer**

An offer of information, support or services that is available to everyone.



## Validated

The validity of an assessment tool refers to how well the tool measures what it intends to measure and refers to its reliability and integrity as a means of assessment.

## Value based healthcare

Value-based healthcare is the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person.

## Whole system approach

Defined as 'responding to complexity' through a 'dynamic way of working', bringing stakeholders, including communities, together to develop 'a shared understanding of the challenge' and integrate action to bring about sustainable, long-term systems change.

**This document may not be fully accessible.**

For more information refer to our [accessibility statement](#).

**This document was downloaded from GOV.WALES and may not be the latest version.**

Go to <https://www.gov.wales/promote-prevent-and-prepare-planned-care-html> for the latest version.

Get [information on copyright](#).