

## A CASE STUDY

# Wirral Primary Care Trust – Improving care delivery and commissioning

There are 60 GP practices, 54 dental practices and 84 pharmacies within the Wirral Primary Care Trust (PCT).

It is the North West Flagship Implementer for Map of Medicine in conjunction with Western Cheshire PCT and it identified early on that the Map provided an opportunity for clinicians and managers to work together to tackle local issues and drive change, ultimately facilitating improvements in patient care.

An audit within the PCT revealed high levels of inappropriate referrals and emergency re-admissions with associated cost pressures. There was also poor communication of patient needs across the Local Health Community (LHC). As a consequence, Wirral LHC agreed to tackle clinical localisation of up to three of the following priority areas – trauma and orthopaedics, urology, ENT, palliative care and COPD.



“The Map of Medicine brings evidence-based best practice to clinicians at the point of care. This content can be distilled into a care pathway to allow fast easy access to the appropriate information at the right time. In turn this allows the delivery of standardised care across organisations but with the facility to localise content to ensure flexibility and local relevance. The next step for Wirral PCT is to conduct a gap analysis to identify further areas where the Map of Medicine can be used to address local care needs.”

Dr Shyamal Mukherjee MBE, Medical Director and  
Cathy Gritzner, Director of Commissioning & Performance,  
Wirral NHS Trust

## Milestones

The first milestone was commissioning support from the Map of Medicine. A designated project management resource, in the form of a working group involving membership from across the whole healthcare community, was then established. A workstream within an overall programme of work was then set up, designed to support the achievement of the 18-week referral to treatment target.

The Map of Medicine was tested with clinicians and nurses in a variety of settings. The existing care pathways were reviewed for appropriateness to patient needs in the Wirral and then localised to deliver better patient outcomes and best practice.

## Aims

Three key aims were identified for the Wirral PCT Map Project. It needed to reflect service organisation to meet the 18 week referral to treatment target. It had to communicate the patient pathways across all care settings and reflect commissioned services and finally, it had to achieve a reduction in expenditure related to unscheduled care events.

## Challenges

The biggest challenge in the Wirral PCT Map Project has been achieving clinical engagement and manager involvement. Clinicians needed reassurance that using the Map of Medicine to implement change would be low risk but yield high quality outcomes. Other challenges included the need to ensure a robust clinical governance process, as localisation of the Map also meant localisation of medico-legal responsibilities.

Training has also been a challenge. There is limited capacity for staff to take on responsibility to create and manage local maps and it has been a challenge to secure the necessary resources for training. After much discussion, a decision was made to train all the PA's in the Commissioning Department to use the Map Management Software. A future challenge will be retaining the skills within the PCT if staff leave. Once the care pathways are better established, it is anticipated that a specific role will be created to manage workforce development relating to the Map of Medicine.

## Results

To date, localised patient pathways have been developed for age-related macular degeneration (AMD), trauma and orthopaedics, ENT and urology. There is an integrated incontinence pathway and a COPD management pathway. It is still early days in implementation, but improvements in patient referral times can already be seen, particularly in AMD. In the area of incontinence, there is now an integrated service which has led to improvements in the patient experience, improved access and reduced referrals.

“There are now six Map of Medicine pathways being used in the Wirral, bringing enormous benefit to patients in terms of commissioning and updating services. For example, for patients with AMD, a journey that once took 10 weeks, now takes 10 days.”

[Dr Shyamal Mukherjee MBE, Medical Director and Cathy Gritzner, Director of Commissioning & Performance, Wirral NHS Trust](#)

## Aims

- Reflect service organisation to meet the 18-week referral to treatment target
- Communicate the patient pathways across all care settings
- Reduce expenditure due to unscheduled care events

## Challenges

- Clinical engagement and manager involvement
- Ensuring robust clinical governance
- Training of all relevant staff

## Results

- Six patient care pathways developed
- Improvements in the patient experience – reduction from 10 weeks to 10 days for AMD patient journey
- Improved access and reduced referrals in incontinence and AMD patients

