

## A CASE STUDY

# Reducing Cellulitis hospital admissions in Western Cheshire

NHS Western Cheshire adopted the Map of Medicine as a means of sharing clinical care pathways across the local health community. By providing a framework of evidence based, peer reviewed best practice guidelines, the Map provided a focal point for the redesign of local pathways. One of the first pathways to be clinically localised in Western Cheshire using the Map of Medicine was the Cellulitis Pathway.

Cellulitis is a bacterial infection of the deep layer of skin and the layer of fat and soft tissues that lie underneath it. The infection can make skin red, swollen and painful. Analysis of hospital admissions in Western Cheshire in 2007 indicated varying rates of admission over the previous two years of between 17 and 40 cellulitis patients a month.

The localised NHS Western Cheshire Cellulitis Pathway was used to communicate the introduction of new procedures to enable otherwise healthy adults to be treated with intravenous (IV) antibiotics in the community. Hospital admissions have been successfully controlled and reduced to around 20 a month. The saving per patient of treatment in the community, rather than a hospital admission, exceeds £2,000.



“Map of Medicine is an invaluable tool for World Class Commissioning, particularly for achieving competency eight - Promote and specify continuous improvement in quality and outcomes through provider innovation.”

[Dr Maureen Swanson, Medical Director,  
NHS Western Cheshire](#)

## Objectives

NHS Western Cheshire serves a population of more than 240,000, including from the adjoining areas of Wirral and North Wales, and works with the Countess of Chester Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Community Care Western Cheshire and other health providers.

NHS Western Cheshire aims to commission high quality services that are responsive to the local needs of patients. Services are predicated on intelligent commissioning and public health; strong and effective partnerships; integrated public and patient involvement; and critically, the full engagement of clinicians.

A key component of enabling the vision has been an emphasis on the development of common and consistent pathways of care that underpin commissioning and enable the achievement of targets through system redesign. The deployment of the Map of Medicine has been a key enabler in helping the local health community achieve the benefits of information technology and online care pathways.

## Project

Western Cheshire is developing and localising its own care pathways to cover areas of care that occur frequently and are resource-intensive but which don't yet have national pathways. Pathways may also be localised because there are local treatments and procedures that have been proven to be clinically effective but aren't incorporated in the national pathway.

A utilisation review by NHS Western Cheshire examined evidence of inappropriate hospital admissions. Subsequent care pathway redesign work, involving GPs, medicines managers, consultants and community-based clinicians, allowed the development and implementation of a pragmatic local pathway. Otherwise healthy adults with cellulitis can now be treated in their own homes with IV antibiotics. The patients

likely to be suitable for treatment in the community were identified as those with short stays in hospital, usually two days. As a result, when a diagnosis of cellulitis is confirmed, the GP contacts the Single Point of Access service and initiates IV treatment in the community via specialist trained district nursing staff.

## Key challenges

A key challenge was engaging clinicians and communicating the detail of the redesigned pathway. The NHS Western Cheshire Cellulitis Pathway was launched at a well-publicised event for the existing GP network, other clinicians were invited and presentations included the A&E perspective and the role of the Map of Medicine. Further engagement events were staged to reach more clinicians in secondary care. By 2009, more than 60% of Western Cheshire GPs were registered users of the Map of Medicine and community clinicians have also shown considerable interest in the Map.

## Results & Outcomes

The creation of the NHS Western Cheshire view of the Map of Medicine and using it to communicate the local Cellulitis Pathway to staff has successfully controlled and reduced the number of hospital admissions from up to 40 to around 20 per month.

The total cost of treatment in the community depends on which drug is used and how many injections are given, but the average cost can be up to £200. Measured against a two day hospital admission, the minimum saving per patient of treatment in the community exceeds £2,000.

## Next steps

NHS Western Cheshire is using the Map of Medicine in conjunction with all its service redesign work. It is promoting its new services using the Map in order to achieve the vision of commissioning high quality services that are responsive to the needs of patients in Western Cheshire.

### Aims

- Development of common and consistent pathways of care
- Achievement of targets through service design

### Challenges

- Clinical engagement
- Communication of redesigned pathways

### Results

- Reduction in the number of hospital admissions from up to 40 to 20 per month
- Minimum saving per patient of £2,000 through treatment in the community rather than a two day hospital admission

