

The Pathway

Meeting the challenge

As we face the challenge of addressing cost reductions in the NHS, projects using the Map of Medicine in communities such as Western Cheshire, Wirral and South Devon have demonstrated reduced hospital admissions, cut waiting times and saved money. 2009 also saw the first article in a peer-reviewed journal quantitatively demonstrating how the Map reduced inappropriate referrals.

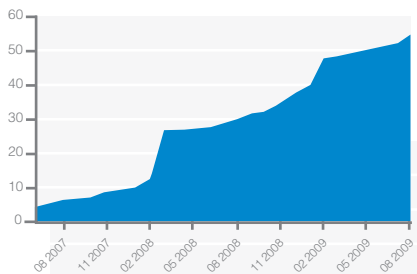


Figure one: The number of Map of Medicine active LHC's in England since 2007

The Map is now working with more than 150 trusts on local implementation programmes, focused on demonstrating how the NHS can improve patient outcomes and lower healthcare delivery costs.

Local programmes have now adapted over 260 pathways, covering a wide range of clinical areas including COPD, heart failure and obesity.

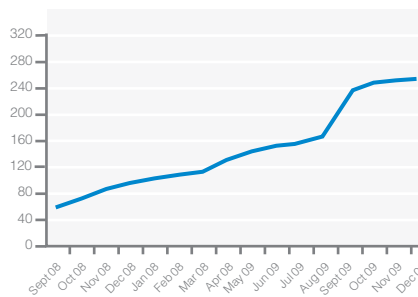


Figure two: The number of localised pathways published in England since Sept 2008

This year, the Intel Healthguide Telehealth product was launched in Scotland incorporating Map of Medicine clinical rules; providing nurse-led monitoring and guidance at home for those with chronic conditions.

Software tools and support are now available to allow system vendors to incorporate pathways into the systems used at the point of care. This allows single click access to Map pathways.

In 2010, our focus will be on pathways that can be used as part of clinically-led improvement programmes to delivery quality, efficiency and patient experience improvements. We are also continuing to refine our editorial methodology, and over the coming months, will be implementing the next generation of our pathways.



Dr Mike Stein
Medical Director

Dear Colleague,

This year 53 NHS communities - comprised of over 150 Acute, Mental Health and Primary Care Trusts - used the Map to help re-design over 260 local pathways of care.

With all participating NHS organisations able to see each other's pathways, the Map is now a cost effective mechanism to share innovation across the NHS – regionally and nationally. Indeed, a quality paper focused on high impact pathways from the NHS North West, has shown the value of the Map for the Strategic Health Authority.

And on NHS Choices, over 45,000 unique users (citizens of England and Wales) accessed the Map in a single month in order to “see what the doctor sees” – a great end to the year.

We look forward to welcoming all NHS Trusts and citizens to the Map of Medicine platform in the New Year.

Wishing you a healthy 2010!

All best wishes,
Dr Mike Stein

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Stop Smoking support for adults in Milton Keynes

Milton Keynes is a rapidly growing town with a younger than average population where life expectancy is increasing. However, smoking remains the single largest cause of avoidable ill-health and premature death with more than 1,400 deaths in 2005. High on the list of priorities, localising the Map marks phase one of work being planned to tackle this health issue.

Pam Berry, manager of the Stop Smoking Service explained the challenge. "We want people to get all the help they need to quit. By localising the Map of Medicine we can be sure that staff are quite clear about where to find information about agreed prescribing practice, and have ready access to the contact details for referral to our service. We see the Map as a new tool in the kit-bag."

It was not all plain sailing. The pilot tested local processes but the potential benefits are apparent: "As a locum GP, I work in several practices across Milton Keynes" writes GP John Richards. "With the Pathway localised, I know that doctors like me know where to look for the information we need to help patients quit."



An unexpected benefit of using the Map has been to bring different disciplines together, alongside members of the public, to share their perspectives. This has opened up new opportunities to engage with patients and the group is now focusing on communications work.

For further information see the project pages at: <http://bit.ly/81RM2Y>.

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Raising awareness of the Map across the South of England

Map of Medicine awareness events took place in South Devon, Kent and Medway, East Sussex and West Sussex over the past two months. Each event attracted around 70 attendees, where they saw presentations from Early Adopters about how they are using the Map and demonstrations of the Map in action.

In South Devon, for example, the group heard from primary care, secondary care, programme leads and commissioning managers about their experiences and the process they undertake to localise pathways. GPs Dr Thomas and Dr Deakin described the Map as the "gold standard for best practice in primary care, not just for GPs."

Early adopters NHS Eastern and Coastal Kent and NHS Medway were joined by the Deputy Chief Information Officer of NHS South East Coast as they updated the audience on progress across the region, including work on Pathways across Kent.

Regional awareness events will continue across England and Wales in 2010, so keep an eye on the Map of Medicine website, www.mapofmedicine.com, for an event near you.

NHS North West shows the value of the Map

NHS North West recently produced "Driving Quality and Efficiency in the NHS", a paper that shares their experience of working together in healthcare communities to improve service quality, patient safety and reduce costs. It outlined some of the benefits seen by early adopters of the Map and how the Map is being used to communicate service changes to clinicians.

 Annual savings of around £180,000 have been achieved in the Wirral Local Health Community through the design and commissioning of a new service for Age Related Macular Degeneration (AMD). Publicising this service on the Map made it widely available to all Wirral GPs. This service reduced waiting and treatment times, and delivered cheaper and more effective care.

A reduction in hospital admissions and annual savings of £212,000 has been achieved in the Western Cheshire Local Health Community, which used the Map to develop and communicate a Cellulitis programme.

Establishing change programmes focused on a relatively small number of 'high impact' clinical pathways represents a significant opportunity to deliver costs savings across the NHS, and will be the focal point for 2010.

New, enhanced pathways coming soon

Map of Medicine is constantly transforming the way disparate information is brought together into a single source of best practice.

In February, the Map will be launching the first set of our new look pathways. These will be the first pathways that have been created using the latest editorial methodology (see Pathway, September 2009).

The new look pathways have a number of core elements. Each pathway begins with three nodes:

- 'Background information', which includes the scope of the pathway
- 'Information resources for patients', which includes information for patients, their family, and carers

- 'Updates to this pathway', which describes major changes in this new version of the pathway

As these nodes will always be present at the top of each page of the pathway, they serve as a resource that is easy to refer to, assisting clinicians in both the primary and secondary care settings. Through the 'Information resources for patients' node, we assist the clinician in providing patients and families with information about how to understand and deal with their condition, and the availability of support groups.

The main pathway flow now begins with the clinical presentation for the condition, the patient history to be taken and the examinations to be conducted.

Another new feature is the 'red flag' node. These are used to highlight and indicate to a clinician the seriousness of issues requiring urgent attention, or to describe warning signs requiring special attention, therefore always ensuring that the most serious diagnosis is considered, or ruled out as early as possible.

We have also changed the way that we cite our evidence sources, and now attribute every sentence in the quick info text to the specific source that the information comes from.

These unique features will provide clinicians with reliable, valuable guidance through every decision-making step of a patient's journey.

Over the next year, all pathways on the Map will move to this new look.

The screenshot shows the 'mapofmedicine' website interface. The main heading is 'Infective endocarditis (IE) - primary care'. The page features a navigation bar with 'Home', 'Profile', 'Referral info', and 'Log out'. A search bar is present with the text '(e.g. asthma or "chest pain")'. The main content area displays a flowchart for the pathway, starting with 'Clinical presentation' (marked with an 'i' icon), which branches into 'History' and 'Examination' (both marked with 'i' icons). Below these, a box states 'Consider alarm features and do not give antibiotics until blood cultures have been taken' (marked with 'i'). This leads to two paths: 'Alarm features present - refer urgently to cardiology' (marked with 'R') and 'Alarm features absent - refer to cardiology' (marked with 'R'). Both paths lead to 'Go to diagnosis of endocarditis'. A sidebar on the right titled 'Updates to this pathway' contains a 'Quick info' section with 'Date of publication: 30-Oct-2009' and a 'Notes' section detailing updates to the pathway structure and references. A footer at the bottom indicates 'Updated 30-Oct-2009' and 'Due for review 31-May-2011'.

Navigating the Map of Medicine

Did you know?

All clinical content in the Map of Medicine is available through specific views.

A view contains all of the Map's pathways, a few of which may have been customised to reflect the actual practices or resources available in a local healthcare community. A local view is named after the healthcare community that publishes it.

All views are arranged into a tree-like structure, with the International view at the top and all local views below it. Each lower level of the structure represents a more granular geographical area. A local view inherits its clinical content from the views above it, all the way up to the International view, except for the pathways that are customised for that view.

Listening to your views

More than 150 Map of Medicine users recently took part in our first ever satisfaction survey. Following hot on the heels of an awareness survey undertaken over the summer, the results have made interesting reading.

In the eighteen months since the last survey, awareness of the Map jumped nearly 40%. Over two thirds of those who have used the Map say it made them think about their clinical practice, and a third changed something in their clinical practice as a result.

As the roll out of the Map moves towards being business as usual for many early adopters, this is excellent news. One of the key areas users would like to see the Map offer in the future was integration with primary care systems.

The awareness survey was carried out by TNS Healthcare in August 2009. A total of 300 interviews were conducted amongst a representative sample of GPs, nurses and specialists in

England and Wales. The user satisfaction survey was carried out by Map of Medicine in September 2009 amongst a sample of registered users.

Thank you to everyone who took part. We continue to increase our focus on customer satisfaction, ensuring our customers are the centre of our decision making. Look out for your opportunity to take part in 2010.

Map on London's Quality Observatory

The Map is available through a new web portal providing information for clinicians, commissioners and providers on quality and efficiency in areas relating to patient experience, safety and effectiveness in healthcare.

London's Quality Observatory portal supports the NHS in the capital to implement Healthcare for London. For more information visit www.csl.nhs.uk/products/lqo.html

Successful international eHealth collaboration

Map of Medicine is highlighted as an example of successful international eHealth collaboration in an essay on Evaluating eHealth¹.

The essay discusses some of the opportunities and challenges on international eHealth collaboration. It calls for greater international evaluation of the impact of eHealth and its potential benefits. The authors believe eHealth has enormous potential for improving care in all nations, as well as for realising savings if international collaborations become more frequent, allowing more knowledge generation and data interchange.

Map of Medicine is constantly transforming the way disparate information is brought together into a

single source of best practice. Licensed for use in England, Wales and Queensland, Australia, the Map is also being piloted by the Denmark National Board of Health (NBH). Map of Medicine is also collaborating with the World Health Organization (WHO) to provide eHealth technologies to the developing world.

 **Sundhedsstyrelsen**
National Board of Health

1. Bates DW, Wright A (2009) Evaluating eHealth: Undertaking Robust International Cross-Cultural eHealth Research. *PLoS Med* 6(9): e1000105. doi:10.1371/journal.pmed. (available at <http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1000105>)

Meet us at

Care Pathways 2010
20th January 2010
Manchester Conference Centre

Process Mapping, Analysis and Redesign
24th February 2010
Manchester Conference Centre

Venous Thromboembolism (VTE) Reducing the Risk
25th February 2010
Manchester Conference Centre

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