

The Pathway

Improved access to the Map for Southern NHS Trusts

Healthcare professionals in Southern England can now benefit from greater functionality and improved access to the Map of Medicine, following the successful transfer of service management to BT.

For NHS staff, the transfer of services to BT will enable health professionals to access the Map from the internet via Athens, an existing log-in mechanism administered locally by NHS organisations. Users will now be able to



personalise their individual view of the Map, and can also gain access to knowledge and best practice from other healthcare communities.

Whether the Map is to be used for care planning, treatment management or learning and development, access to all the pathways is always available - no matter where staff are.

With the changeover you'll find Map of Medicine at a new address, <http://england.mapofmedicine.com>.



Dr Mike Stein
Medical Director

Dear Colleague,

At a local healthcare community level, there are now over 150 localised pathways providing all participating Trusts and organisations the opportunity to look at innovative care pathway re-designs.

And at a national and regional level, we are pleased to announce publication of three new pathways for Wales, covering the Hywel Dda Mental Capacity Act, Polio and Antenatal Care; while Healthcare for London has published its first maternity pathway.

We continue to support the Chief Medical Officer's (England) work on the prevention of venous thromboembolism (VTE). If you look after patients in any clinical setting, I strongly recommend that you search for VTE in the Map (England and Wales view) and check how to risk assess all patients on admission to hospital or day-case clinic. In addition, I urge you to link to the excellent eLearning module from eLearning for Health (eLFH) and to take the course!

All best wishes,
Dr Mike Stein

Map of Medicine at leadership summit

To raise awareness and reduce the impact of Venous Thromboembolism (VTE), Sir Liam Donaldson, the Chief Medical Officer (CMO), and the All Party Parliamentary Thrombosis Group held a leadership summit in June 2009.

Launched at the event was a link from the Map's VTE Risk Assessment Pathway to a new online educational resource to help clinicians assess patient risk. e-VTE was developed by



the CMO's VTE Implementation Working Group in partnership with e-Learning for Healthcare.

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Map Maternity Pathway rolled out in Gwent Health Community

Grace Thomas, Consultant Midwife at Gwent Healthcare NHS Trust, has been working with the Map over the last two years. An enthusiastic advocate, Grace particularly values the contribution the Map makes to steering clinical care through improving staff knowledge and professional practice. The Map disseminates evidence for care and streamlines services which will directly benefit women and families.



“I am not an expert with technology and initially found the Map quite challenging as I did not understand it. However, with the help of our local expert, I now believe that the Map is the way forward to enable us to streamline pathways of care. Services are able to use the best available

evidence, as well as produce clinical guidelines in a clear algorithmic format. I am currently working with a multi-professional team to localise and standardise the Maternity Pathway across our health community. This was prompted by the need to highlight ‘normal’ pregnancy and birth and to reduce unnecessary medical intervention. Also to ensure that when specialist obstetric or other intervention is required, the woman is referred promptly for advice and that she returns to the ‘normal pathway’. This will enable all women to have appropriate care that is not duplicated, and will ensure she is supported by a named midwife, no matter which pathway she is following.

We have published a guideline for major postpartum haemorrhage on the Map because of the need to highlight key professional responsibilities and actions in an emergency situation, in order to improve the clinical outcome for the woman at a critical point in maternity care. I am also keen to link the Map with education of students, via my role as Visiting Fellow at the University of Glamorgan, as evidence-based pathways are an excellent learning resource; and to consider integrating current all Wales work, such as the Perinatal Mental Health Pathway, with the Map in order that the resource is easily accessible to all.”

Using the Map to improve patient care across an SHA

A new, pan-London maternity care pathway has been launched. The first of its kind, the Maternity Best Practice Pathway has been developed by Healthcare for London to support the commissioning of services and to inform women of what to expect on their maternity journey.



Designed by experts from a range of healthcare settings including midwifery services, hospital trusts, and primary care trusts, the pathway provides women with appropriate and safe maternity care choices, particularly regarding place of birth and pain relief. Because the pathway represents best practice across London, it can be used by commissioners, maternity services, midwives and women alike.

Developed for use across a Strategic Health Authority (SHA), the Maternity Best Practice Pathway provides a good example of how a pathway can be developed at the regional or network level and then adapted by local healthcare communities.

Cornwall LHC becomes the latest Early Adopter of the Map

Cornwall Local Health Community plans to use the Map of Medicine as a service redesign and communication tool to assist in achieving the objectives of their Service Improvement Programmes, with an initial focus on musculoskeletal conditions in order to:

- provide assessment and treatment in the most appropriate location, delivering care closer to home

- reduce waiting times from referral to treatment, including a maximum wait of eight weeks by 2011
- improve the patient experience of the care journey
- embed the use of evidence based care pathways via the Map of Medicine in healthcare
- promote efficiencies in the healthcare system that can be redirected to improve service provision for patients elsewhere

- reduce the average length stay for inpatient admissions.

The Service Improvement Programme is being supported by a programme team who will be supporting localisation work groups and workshops, ensuring governance processes are followed, maintaining consistency of process and promoting communications and awareness of the Cornwall LHC localised Pathways.

Post Polio Syndrome Pathway launched

A new Post Polio Syndrome (PPS) Pathway has been launched to help doctors identify the condition and make a diagnosis. The Pathway was developed with input from consultants and member representatives of the British Polio Fellowship's Expert Panel.



Dr George Kassianos, a GP from Bracknell, Berkshire, also the RCGP's spokesperson on immunisation and a member of the Fellowship's Expert Panel, said: "I am delighted that a Post Polio Syndrome Patient Pathway has finally been developed for the Map of Medicine Healthguides. PPS is a debilitating neurological condition which affects up to 100,000 people in the UK alone, yet is frequently mis- or undiagnosed. Without diagnosis and accompanying management of the condition, patients' health will deteriorate more rapidly. This patient Pathway will facilitate faster identification of the condition by GPs and health professionals, subsequently enabling them to provide an effective treatment and management programme for patients. The obvious and immediate result will be that tens of thousands of people with PPS will remain active for longer and enjoy a better quality of life. The Pathway is a significant step forward in raising the profile of this disease and ensuring everyone with PPS gets the treatment they need".

The British Polio Fellowship seeks to empower and support all people in the UK living with the effects of Polio and Post Polio Syndrome. The Fellowship intends to further develop the Pathway to cover aspects of treatments and management in more detail.

Continuing to refine our editorial methodology

Map of Medicine is constantly transforming the way disparate information is brought together into a single source of best practice. Over the coming months, the Map is implementing the next generation of its editorial methodology, ensuring our pathways continue to offer clinicians authoritative, trustworthy information.

Our pathways will be updated by amalgamating quality-assessed evidence and practice-based information. The evidence-based draft of a pathway is completed by reviewing the information landscape; including searching and critically appraising the indexed and non-indexed secondary published literature. User feedback will be incorporated in the review of the information landscape for a pathway. Practice-based knowledge is added by expert groups from all stakeholders. The evidence-based, practice-informed pathways are then peer-reviewed, either by central committees within stakeholder groups, or by expert peer reviewers.

In the near future, we will also be adding policy information.

Currently, the pathways within the Map of Medicine allow the user to follow a patients' care journey, from presentation, through the confirmation of the diagnosis, initiating treatment, referring as required, and providing ongoing care. Over time, each pathway will be further enhanced to include a number of core elements, including information for patients and a description of the updates since the last version of the pathway. Another change to look out for over the coming months include declaring conflicts of interest statements from our contributors on the Provenance certificate (formerly called the Evidence certificate), to provide more information on who contributed to its development.

The new methodology aims to give users increased confidence when using pathways, and provide greater transparency. Information on the new methodology, including policies, will be published on our website, www.mapofmedicine.com

Hywel Dda publishes Mental Capacity Act Pathway

The Hywel Dda Local Health Community Pathway is designed to help provide care for people who lack the capacity to make decisions for themselves. The localised Pathway improves engagement and delivers valuable information in bite size chunks.

The Act says that all adults are assumed to have the capacity to make their own decisions unless it is proved otherwise. The principles of the Act

are to support a person to make a decision when possible, acting in their best interests and in the least restrictive manner.

Caroline Oakley, Director of Nursing and Quality, Hywel Dda said "This pathway will be an invaluable resource for nurses and allied health professionals who are caring for people who lack capacity to make decisions for themselves. It will bring enormous benefits to patients and their carers."

Map of Medicine handy hints

Did you know?

You can see your latest viewed pages by clicking on the 'view recent pages' link in the 'browse pathways by area' panel of the homepage.



It displays up to 20 pages that you have viewed recently and shows when you visited each page and the area it is in. By clicking the page name you will be taken to that page in the Map of Medicine.

Wales embraces the Map of Medicine at awareness event

Nearly 100 people gathered in Powys on 3 June to learn how the Map is being used across Wales as part of the Informing Healthcare programme.

Dr Martin Murphy, Clinical Director, Informing Healthcare, was on hand to set out the NHS Wales priorities and explain how the Map can be used to deliver national initiatives. Professor Aled Phillips, Professor of Nephrology at Cardiff University then spoke about the benefits of the Chronic Kidney Disease Pathway for Wales to drive appropriate referrals.

Focus subsequently moved to hearing from local healthcare communities who are already benefitting from using the Map. For example, in North West Wales, the Map is supporting service re-design of the management of COPD and of heart failure. Gwent are using the Map in their pathway development

programme and to increase the quality of care of catheterised patients. Hywel Dda presented on how they have added local information to their Benign Prostatic Hyperplasia (BPH) Pathway to ensure that the correct investigations are carried out prior to referral to secondary care plus the innovative work they are doing to develop a Pathway on the Mental Capacity Act.

The afternoon session gave people the opportunity to break out into smaller groups, learning how to localise the Map from those who have already been through the process, as well as getting hands on experience.

Each health care community in Wales has access to the Map. At a time of significant reorganisation, the event gave people an excellent opportunity to meet with colleagues to plan the way forward in improving the quality of care delivered to people in Wales.

NHS North West adoption reaches 100%

Every health community in the North West is now working with the Map of Medicine. Each of the 24 local healthcare communities in the region has their own view and is able to localise the Map. Five are early adopters, and are sharing their knowledge and best practice with other communities in the region.

NHS North West With approximately 500 Pathways being localised, NHS North West are using the Map to support the World Class Commissioning agendas as well as the Advancing Quality (AQ) programme for acute trusts. The NHS North West objectives are to improve care and care outcomes, with many improvements supported by the Map as an enabler for reconfiguration and modernisation of services.

NHS Western Cheshire adopted the Map as a means of sharing clinical care

pathways across the local health community. One of the first pathways to be clinically localised was Cellulitis.



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. The saving per patient of treatment in the community, rather than a hospital admission, exceeds £2,000.

Access the case study on www.mapofmedicine.com

Meet us at

Australian Private Hospitals Association Congress 2009

11-13th October 2009
Melbourne, Australia

Primary Care Live 2009

4-5th November 2009
Manchester Central

London Health 09

9-10th November 2009
Hilton Metropole, London

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