

The difference between ‘How do I manage your decline?’ and ‘How do I manage your condition?’

There’s a stark reality between ‘How do I manage your decline?’ and ‘How do I manage your condition?’

The sooner a long-term condition is detected, the better it can be managed. This is a key reason why Birmingham CrossCity CCG is using Vision Outcomes Manager across every GP practice in its area to encourage earlier diagnoses and consistent care for its population.

Birmingham CrossCity CCG commissions healthcare services for a population of around 742,000 people - the fourth largest in England. It has 115 member practices with an equal split using Vision, SystemOne and EMIS systems. Vision Outcomes Manager integrates with all of these systems. It allows the CCG to write its own local pathways and push them to practices where GPs, nurses and Healthcare Assistants can be prompted when a patient meets the trigger criteria, and then guided through preferred local policies.

Screening Success

Ciaron Hoyer, Senior Information Officer for the CCG, explains how Vision Outcomes Manager has helped the CCG to find patients with Atrial Fibrillation (AF); “We knew that our AF prevalence was lower than comparable places, so we created a screening pathway that prompts when at-risk patients are in attendance and suggests that basic tests including pulse and an ECG should be carried out. So far we have screened 37,000 patients and as a direct result of the Vision Outcomes Manager pathway we have identified 200 additional patients that have AF. These patients are now receiving appropriate advice and treatment for their condition. Without the pathway their AF would have remained undetected.”

Other pathways being used by Birmingham CrossCity CCG include NHS Health Checks and dementia screening.



Ciaron is now updating the AF pathway so it includes role-specific prompts; “We have tailored our AF prompts so each person is only prompted for the work they can do. For example only phlebotomists will see prompts for bloods, nurses will be prompted for the tests they can do and GPs prompted for medication reviews. This is important because we’re not wasting anyone’s time by asking them to do things they can’t do, and it makes the pathways more effective with fewer prompts. People are more likely to follow them if they are appropriate to the individual.”

“Without the pathway their AF would have remained undetected.”

The difference between ‘How do I manage your decline?’ and ‘How do I manage your condition?’

Co-commissioning

Birmingham CrossCity CCG has taken on co-commissioning arrangements for 2015/16 and Ciaron plans to use Vision Outcomes Manager to manage and monitor commissioned services; “Our practices have a lot of ancillary systems in place at the moment, which compounds issues and slows down the core clinical systems. I don’t want eight or nine systems. I want to ratify this so we have a unified single prompt at practices for QOF, DES, LES and locally commissioned services. Vision Outcomes Manager gives us the platform to combine prompts from various pathways into a single pop-up. This is an example of the value-based commissioning model that HSCIC are talking about, looking at patient journeys longitudinally rather than dealing with particular elements in isolation.”

Recall revolution

Ciaron can also see how Vision Outcomes Manager can make recalls more efficient and effective; “We can build recall logic into our pathways so letters are personalised for each patient. For example the diabetes recall letters will have three different opening paragraphs for different states of diabetes control. We are also going to combine recalls starting with COPD and asthma so each patient is only called once for respiratory recalls.”

The CCG will shortly start to use a centralised reporting dashboard that will provide near real-time interactive analysis of pathway utilisation. Ciaron explains how this will fully release the potential of Vision Outcomes Manager; “The reporting dashboard will let us see how effective our healthcare services are and adapt the pathways quickly if we need to. It will also give us the information to spot non-compliance earlier. This will mean we can say that we’ve noticed a practice hasn’t done something and offer to help instead of realising when it’s too late and telling them they didn’t do it.”

Getting patients involved

Ciaron also wants to get patients more involved; “We’re thinking about how we can give patients access to pathways in a waiting room. It’s technically possible to let patients check themselves in with an app on their smartphone. If we know they’ve arrived we can ask them to answer some questions relating to their condition, such as Asthma, while they wait. This makes use of the patient’s waiting time and frees up consultation time for clinical conversations. If we know which patients are in the waiting room we could also target electronic waiting room media to them, such as showing Urdu or Polish subtitles or content relating to particular conditions.”

With Vision Outcomes Manager the CCG has already started to make the difference between ‘How do I manage your decline?’ and ‘How do I manage your condition?’ So far, they have only scratched the surface of the potential it has to offer.

**Integrates with
SystemOne and
EMIS systems as
well as Vision**