

Health Innovation Wessex Lipid Pathway Mapping Project Final Summary Report

1.0 Project aims

The project aims were:

To understand the different lipid pathways within the region, identifying the existing pressure points within services and whether inequity exists in this clinical area that contributes to overall health inequalities. The hope is that better understanding of these services and how they are meeting the needs of the population will lead to service improvements that allows for more equitable, improved, and quicker access to care for patients across the Health Innovation Wessex (HIW) footprint.

2.0 Project objectives

The project objectives were:

- Map the patient pathway from primary through to tertiary care using a process mapping tool e.g. Visio
- Collect data along the patient pathway to gather evidence of potential inefficiencies and areas for improvement
- Develop an options appraisal for new improved patient pathways throughout Wessex for patients with lipid disorders
- Implement changes to the pathway agreed by the project group
- Measure the effect of the implemented changes.

3.0 Project outcomes and benefits

The expected outcomes and benefits of the project were:

Patients

- More equitable and consistent care as well as improved and quicker access to care
- Better education around lipid management, better access to treatment options with clearer pathways of care resulting in an improved experience of the system
- Potential to reduce health inequalities within this clinical area through consideration of access of specific patient groups with protected characteristics.

NHS

- Better and more efficient patient pathways for hyperlipidaemia management/and/or familial hypercholesterolaemia (FH)
- Support access to relevant diagnostic and screening services for FH
- Reduction in the current wait times within the various lipid services across the HIW footprint
- Reduction of variation of care with the lipids & FH pathway
- Better identification of patients, more appropriate referrals of patients into the pathways/services, more timely assessments with the right healthcare professionals (HCP) and treatment options delivered in a more timely manner

- Better understanding and knowledge of hyperlipidaemia management & FH among local HCPs
- Increased engagements with appropriate patients to provide additional support and education.

Sanofi

- Better understanding of the hyperlipidaemia and FH services and pathways across the Wessex footprint
- Greater understanding of the needs of the customer in hyperlipidaemia and FH
- Improved reputation with relevant NHS organisations across the Health Innovation Wessex area
- As Sanofi produce medicines within this disease area, if overall patient care is optimised there may be an increase in the usage of these products in line with national and local guidelines, however the focus of the project is looking at how the patient flows through the pathway and accesses appropriate services.

4.0 Project implementation

The joint working project commenced in February 2023. The key milestones delivered in implementation of the project were as follows:

February 2023

- Developed project plan to set out and monitor delivery of the aims and objectives of the project
- Established project steering group (to meeting monthly) to oversee delivery of the project and agree project plan.

March 2023

- Pathway mapping 121 and group meetings start to gather insights into the services and identify issues or solutions
- Mapping of pathways commences utilising Visio.

April 2023

- Project metrics agreed by steering group
- Mapping continues.

May 2023

- Hampshire and Isle of Wight (HIOW) Integrated Care Board (ICB) representation on the steering group lost due to restructure within ICB
- Mapping continues.

June 2023

- Lack of engagement from some key stakeholders highlighted as risk to project group as causing delays to the completion of the pathway maps but also a gap with regards to data
- Mapping continues.

July 2023

- Project team tries to secure engagement from remaining stakeholders for input into mapping and data collection.

August 2023

- Initial draft of the options appraisal produced.

Sept 2023

- Options appraisal refined by steering group.

Oct 2023

- Options appraisal circulated in draft format with the key stakeholders that had input into the mapping, along with those who had not engaged, inviting feedback

Nov 2023

- Feedback and required amendments agreed by steering group
- Amendments made.

Dec 2023

- Options appraisal awaiting review from HIW Exec Board before wider cascade.

Jan 2024

- Feedback from the HIW Exec received
- Dates and agenda slots secured to share with various CVD network groups across HIOW and Dorset – Health Innovation West of England to share with key people in Wiltshire.

Feb 2024

- Circulation of the project's findings and options appraisal presented to local CVD networks in Dorset and HIOW to support and inform future planning
- Evaluation report agreed by steering group
- Project close.

5.0 Project outcomes and benefits achieved

The purpose of the project was to better understand the different lipid pathways within the region, identifying existing pressure points within services and whether inequity exists in this clinical area that contributes to overall health inequalities.

The project has been completed with an analysis undertaken across seven hospital trusts and one intermediate service. The project has generated seven pathway maps and an overarching options appraisal looking at the findings from an individual trust level, through to the ICBs and the wider HIW footprint.

The options appraisal has been shared with the relevant CVD networks across each ICB.

The ICBs along with the Dorset CVD oversight group and the HIOW CVD network will use the options appraisal to inform their planning around CVD prevention and potential improvements that can be made to address variation across the systems.

The HIOW CVD network, upon reviewing the options appraisal, has already acknowledged the significant variation across the system and associated complexities with a view to tackling these in the future.

6.0 Common threads

There are many specific opportunities for improvement highlighted within each of the seven lipid services mapped. The information contained in the options appraisal belongs to HIW and the individual ICBs involved, however we (HIW and Sanofi) have taken some of the common threads across the Wessex geography to mention here in this document:

- Clear pathway variation has been identified at trust level across the ICB and HIW footprint
- Aligning commissioning with best practice, as the focus on secondary prevention has grown and developed over recent years, alongside additional therapeutic options available for clinicians and patients
- There is a clear need to track the service delivery through data

- Patients lost to follow up due to inconsistent baseline testing or repeat bloods in the acute trusts, highlights the need for further education across primary and secondary care
- How can technology be better used to support standardisation with regards to coding patients, alongside referrals coming in from primary care, but also with respect to patient engagement, education, and empowerment?
- Other specialities that were not covered within the scope of this mapping worthy of further investigation are vascular and stroke.

7.0 Challenges and issues

One of the key barriers we discovered through the project was the lack of available data for the lipid services across the HIW geography. The inability to capture this as part of the project has made it challenging to quantify the capacity and demands of the pathways, along with the duration of time patients spend within the services or waiting for an initial appointment.

Another challenge the project faced was the lack of ICB representation within the steering group. This was due to ongoing restructures and changes of personnel within the ICBs. Continuity of representation would have further supported the project from a governance perspective.

The number of sites and variety of stakeholders that participated in the pathway mapping, alongside the lack of data, contributed to delays in finalising the mapping and options appraisal development. As a result, we did not move into the second phase of the project which was focused on implementing changes and measuring the impact of those changes.