

From zero to one: how to use design thinking and data to improve patient care



UNBOXED



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Bradlow**
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The problem



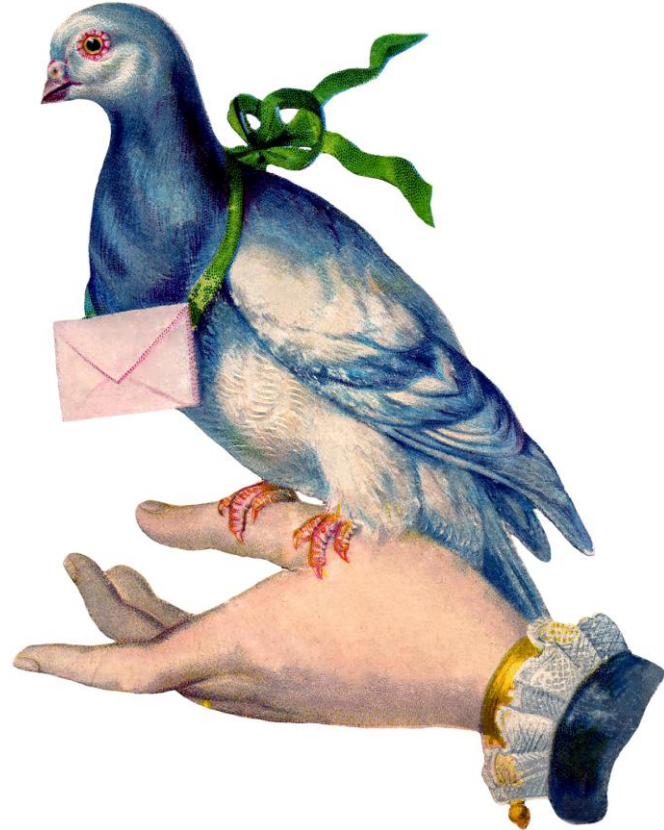
A colleague got in touch...

07/07/2025 10:15



I finally took my letter my Dad had to the GP saying I had a relative with HCM and the GP needed to refer me. I gave this to my GP who called me confused and asked to see me to do an ECG and check me over ... not what the letter was asking him to do!

An unwanted role



Current screening; a gauntlet



Might not get told



GP might not refer
to specialist
services



Proband's details
might be missing
(ID, relationship,
phenotype,
genotype and
consent)



Delays in
diagnostic tests

Proband experience



Screening is **disjointed**, delivered across several services and **hard for relatives to navigate**.

The resulting user experience is likely to **impact uptake**.

It's also hard to connect and collect data, **hampering evaluation** and efforts to **improve screening** in the future.

A partnership

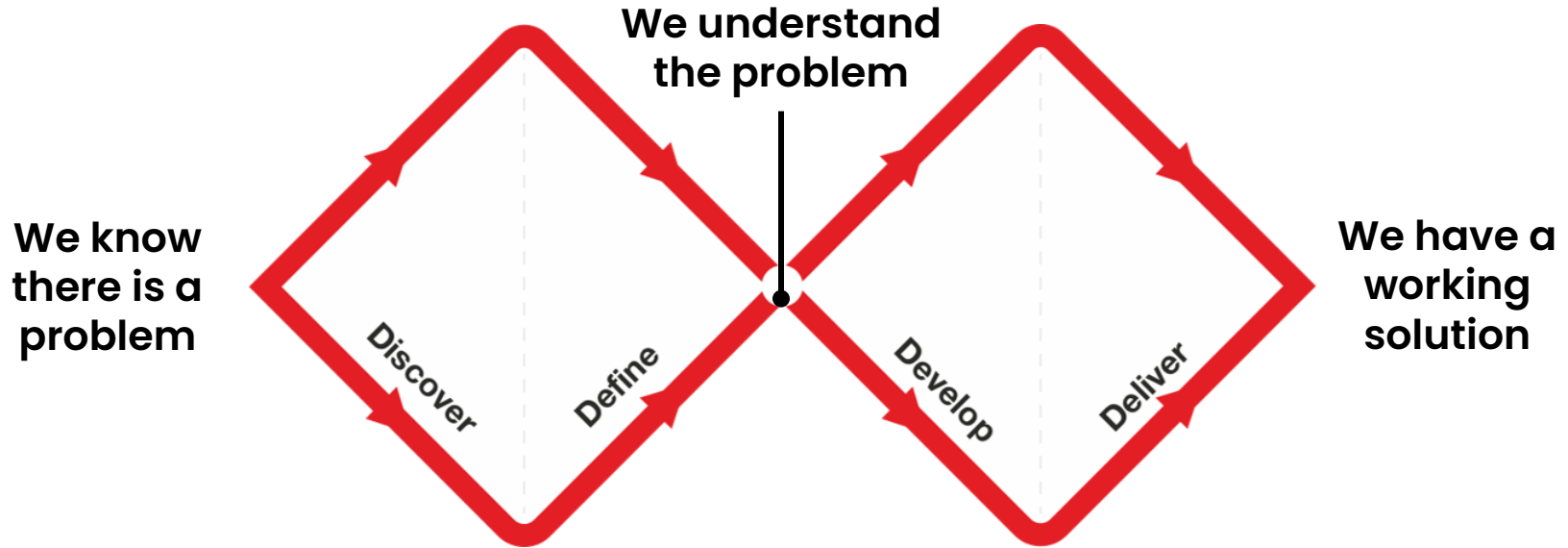


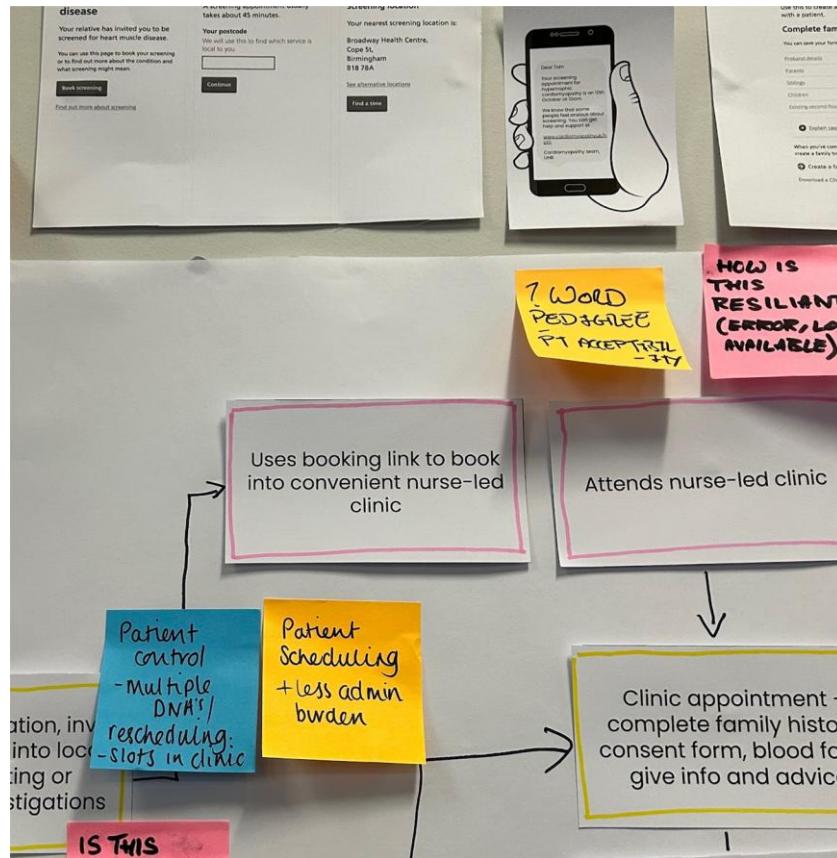
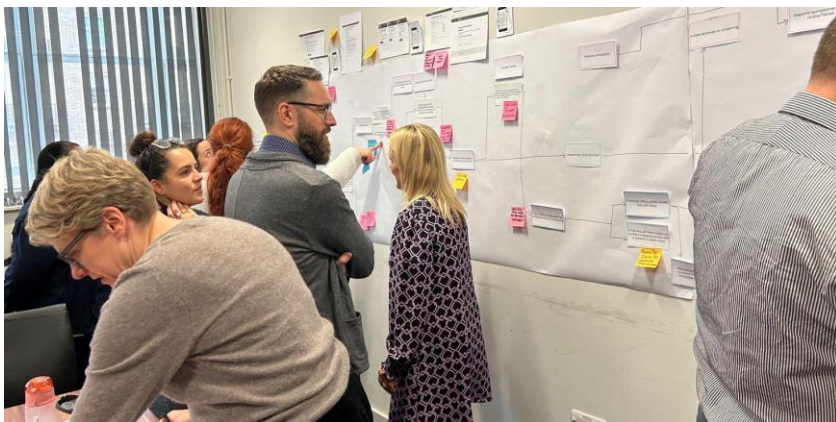


Our approach



The design journey





From this...

Making Words Count with Computerised Identification of Hypertrophic Cardiomyopathy Patients

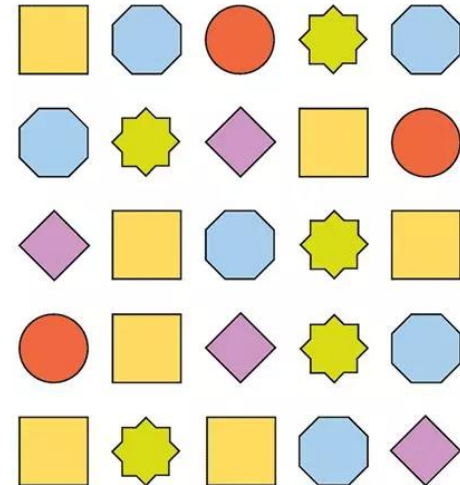
Luke T Slater^{*1,3,7}, William Bradlow^{*2,3,7}, Trupti Desai³, Amir Aziz³, Felicity Evison³,
Simon Ball^{3,7}, Georgios V. Gkoutos^{1,3,4,5,6,7}



...to this

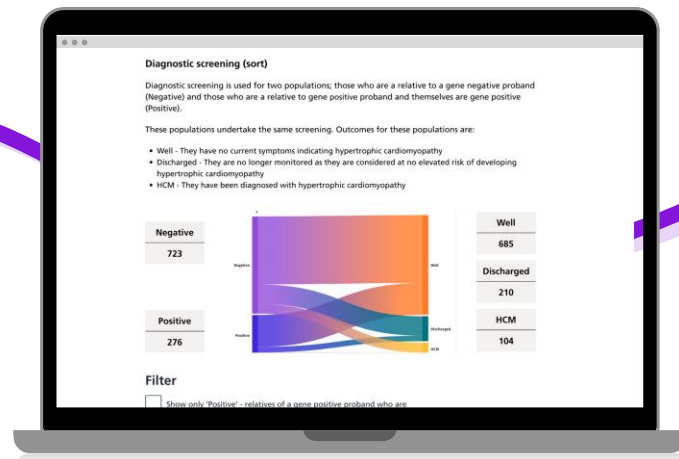
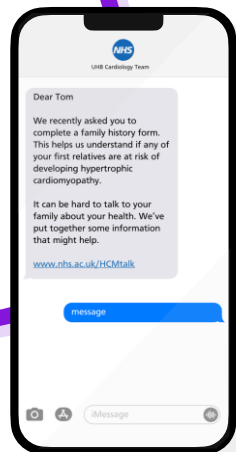
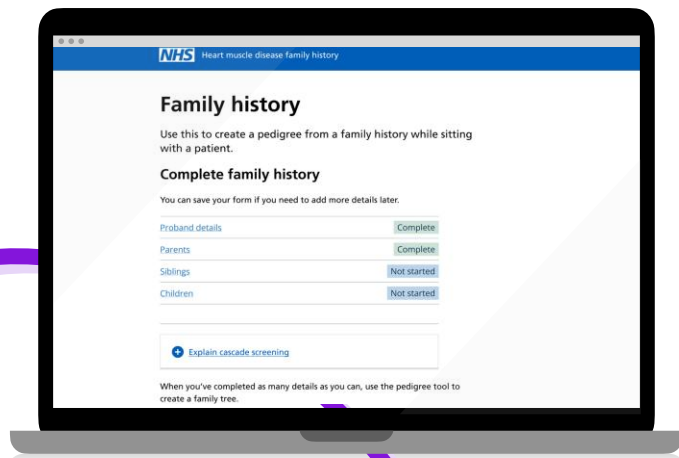
PLATFORMLAND

An anatomy of next-generation
public services

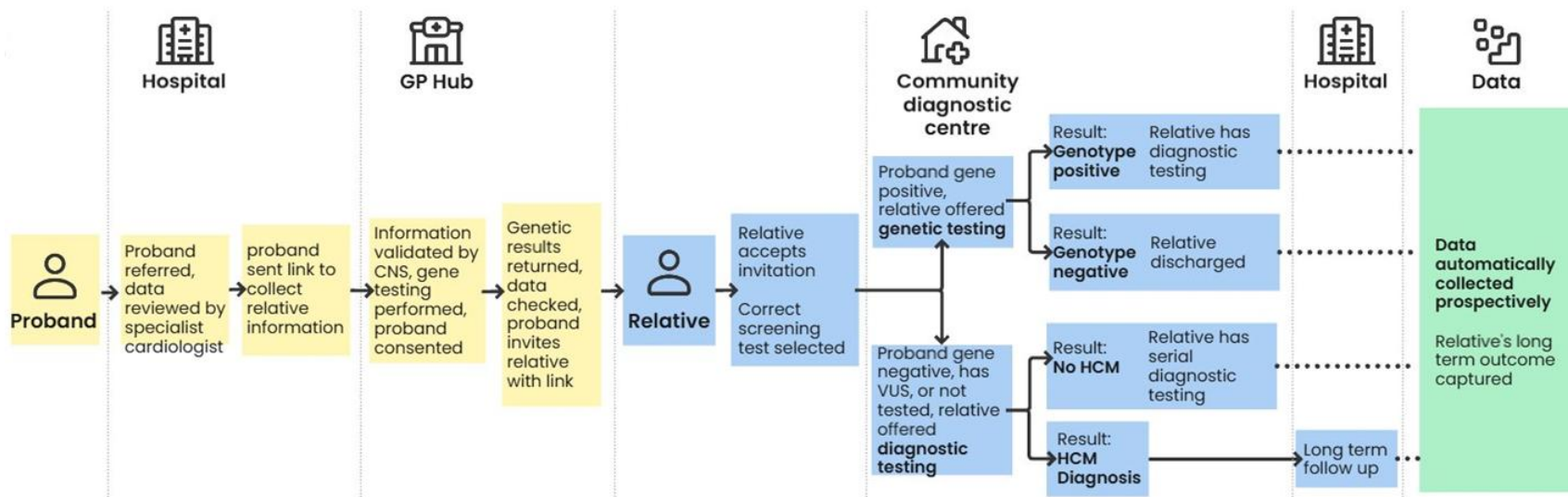


Richard Pope

Prototyping



New pathway



**How did design
help?**

An abstract geometric pattern consisting of several overlapping circles of varying shades of purple, creating a complex, interlocking design on the right side of the slide.

Outcomes

Concept

- Flashy tech-led solution
- Build, get funding and scale quickly
- Narrow scope

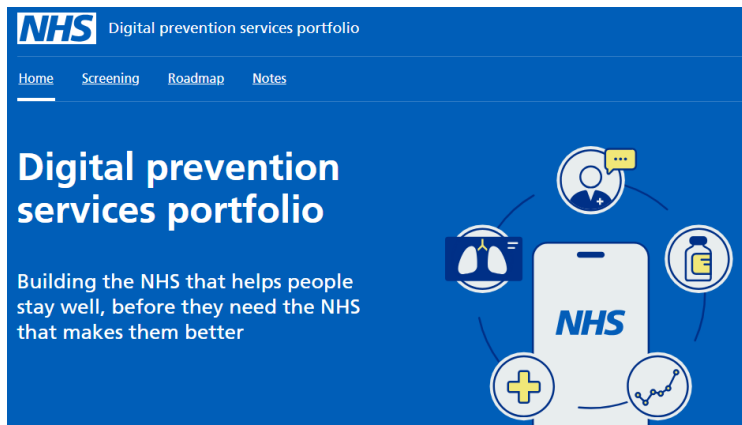
Reality

- Faster and more human pathway, without building anything
- Relational approach, resulting in large group of stakeholders/advocates
- Broad applicability, opening wider opportunities

The background is a solid blue color. On the right side, there is a faint, abstract pattern of overlapping circles or loops, creating a sense of depth and movement.

**Why aren't we
doing more of this?**

It is happening...



Public health



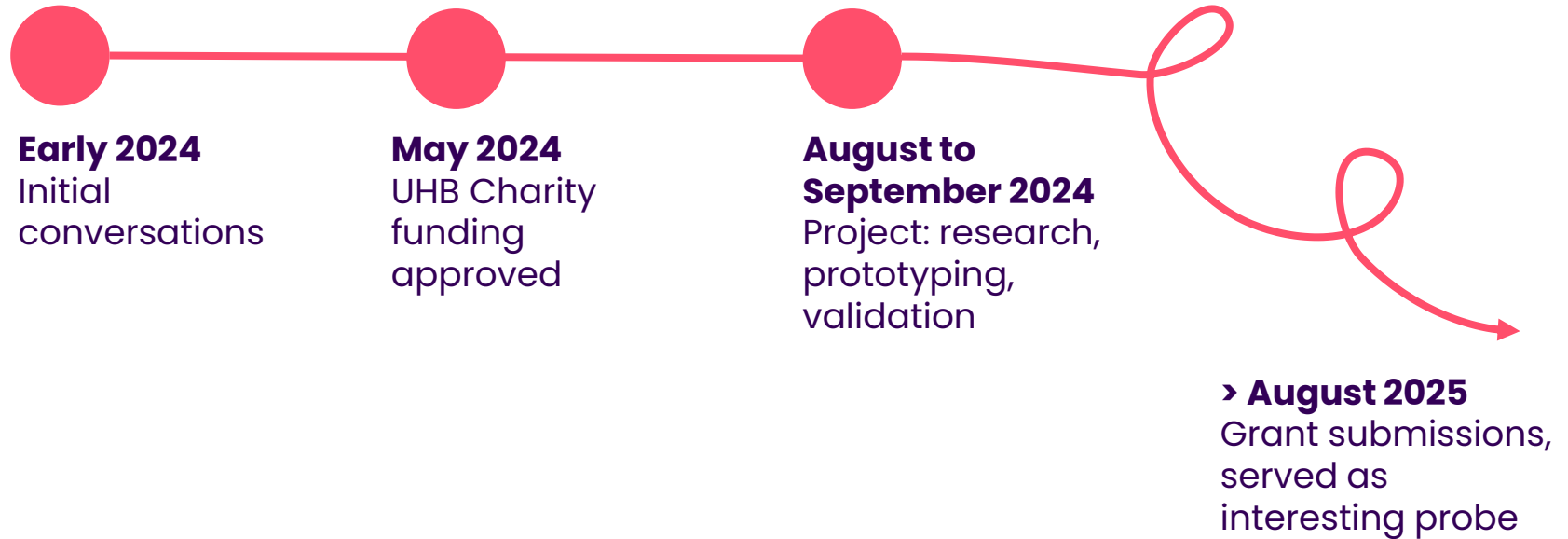
The magnitude of sudden cardiac death in the young: a death certificate-based review in England and Wales

Michael Papadakis^{1,2}, Sanjay Sharma^{1,2}, Steve Cox³, Mary N. Sheppard⁴, Vasileios F. Panoulas², and Elijah R. Behr^{5*}

¹King's College Hospital, London, UK; ²University Hospital Lewisham, London, UK; ³Cardiac Risk in the Young, London, UK; ⁴CRY Centre for Cardiac Pathology, National Heart and Lung Institute, Imperial College, London, UK; and ⁵Cardiac and Vascular Division, St George's University of London, Cranmer Street, London SW17 0RE, UK

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Timeline



**3 ways to
avoid death**





What we've learnt

1. Find a clinical champion, with funded time
2. Find the right problem to solve
3. Show value quickly and often

4. If you don't know, ask
5. Look for external validation, often outside clinical circles

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Thank you



Laura Smith



William Bradlow



Martyn Evans

NHS
University Hospitals
Birmingham
NHS Foundation Trust

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