

Functional Electrical Stimulation (FES) Service Redesign: Appointment Provision to Empower Patients

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Background

- The Birmingham FES clinic has an active caseload of 1700 patients - 60% of which have Multiple Sclerosis
- Prior to Covid pandemic, all appointments were face to face (F2F) and followed a standard pathway of care
- From March 2020, all appointments were cancelled and the majority of staff redeployed due to Covid pandemic
- To restart the service required a redesign of service provision. Allocating overdue appointments appropriately was overwhelming for the service given estate restrictions and having no information about how patients had been affected by Covid and lockdowns

Redesign

- Emergency technology investment by the Trust enabled all Services to offer video and telephone appointments
- Alternatives to F2F appointments provided patients with choice
- FES immunosuppressed patients could feel safe 'attending' appointments
- Future timeframes for appointment choice spread the demand on the service as it recovered from the pandemic
- Patient given control as they are more informed of their health and FES needs

Method

- From August 2020 letters were sent to all FES patients giving options for how and when they wanted to be 'seen'
- To be discharged was also available
- Patients could reply via email or the enclosed stamped addressed envelope
- Those who didn't reply were sent a 2nd letter

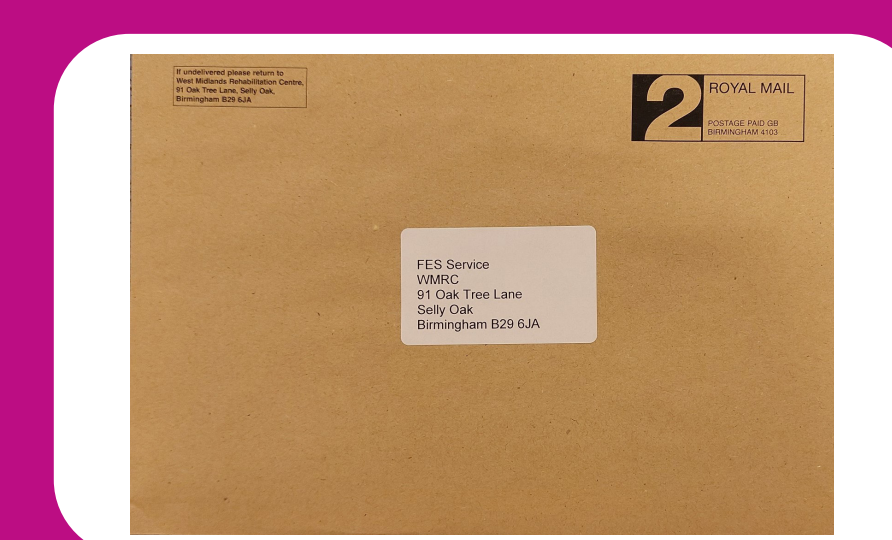
Most recent letter

Ref: CSURIO
Patient name:
FES Clinic Options:-
 I am not using the FES equipment and wish to return it and be discharged
 I would like a **video review** during
 July to September 2022
 October to December 2022
 January to March 2023
 I would like a **telephone review** during
 July to September 2022
 October to December 2022
 January to March 2023
 I would like to attend a review appointment **in person** during
 July to September 2022
 October to December 2022
 January to March 2023
 I require the following equipment :
.....
.....
.....

Results

During April 2021-Jan 2022:

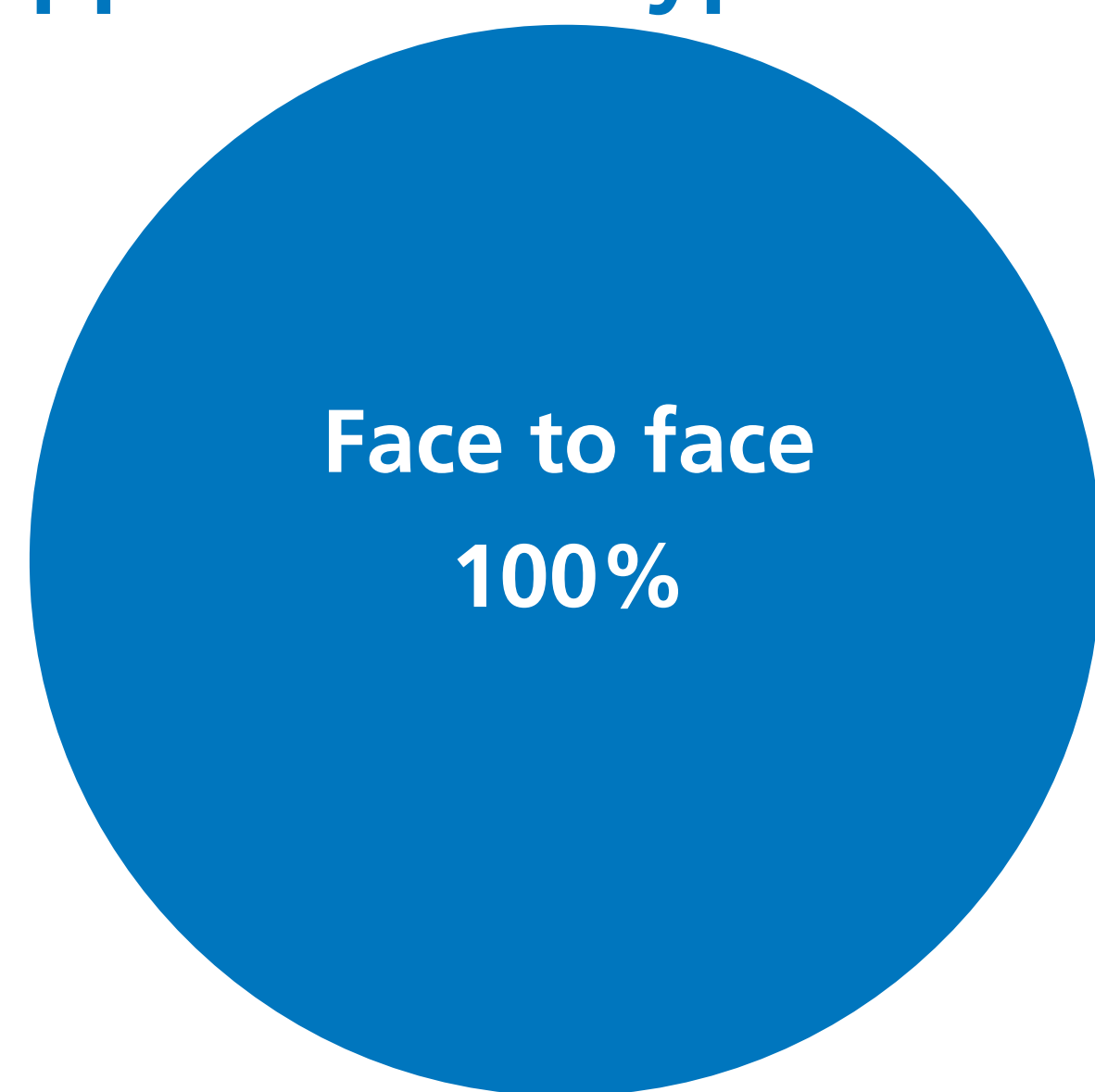
- 1259 letters sent to patients
- 360 follow-up letters



Patients responded	1421
Appointments	2128
Discharges	277
New referrals	282

- The empowerment of FES patients enabled the Service to spread the provision and choice of appointments fairly during continued C19 restriction on environment
- The FES service is now managing the caseload of 1703 patients (including 268 on the waiting list). The FES care pathway is re-established

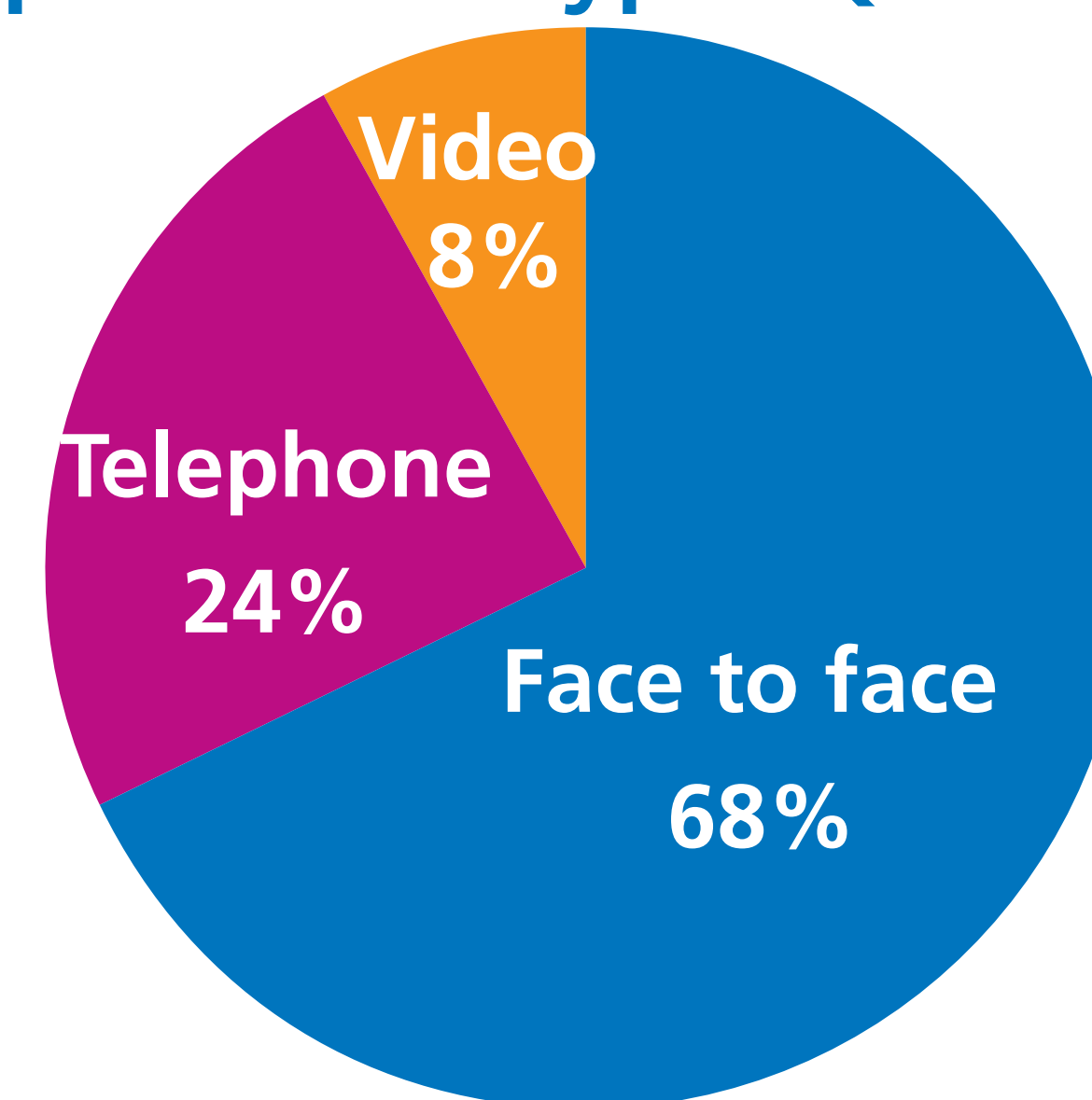
Appointment types 2019-20



Current Service Delivery

- F2F appointments were preferred by 68%. This highlights the nature of FES treatment which often requires changes to devices and reviews of patients which cannot be made virtually
- New patients require face to face appointments
- Some patients cannot use virtual appointments due to hearing/visual/communication/cognitive impairments
- Many patients struggled through lockdowns and had no input from other services, making F2F contact even more important and of value to them

Appointment types Q3 2021-22



Discussion and Conclusion

Appointment Provision (type & timeframe): Providing virtual appointments as an option reduces disruption and burden to some patients and carers¹. Virtual treatments have limitations for some patients² and are not a substitute for physical assessment¹. Timeframes for appointments requested by patients were spread throughout the 12 month period which helped with being able to fulfil 100% of patient requests.

Empowering Patients: We are giving patients choice and control over the FES service they receive³.

Success of the Service Redesign: Using patient choice letters empowered patients and saved clinicians time compared to phoning all 1700 patients. The process we used allowed the Service to restart during the Covid pandemic and gave patients a choice of how and when they were seen by the FES clinic.

References:

1. Haleem et al. Telemedicine for healthcare: Capabilities, features, barriers and applications. Sensors International, 2021;2: 100117.
2. Noutsios et al. Telemedicine Applications for the Evaluation of Patients with Non-Acute Headache: A Narrative Review. Journal of Pain Research, 2021;14, pp.1533-1542.
3. NHS England website [online]. 2017. [Accessed 11th March 2022]. Available from <https://www.england.nhs.uk/wp-content/uploads/2017/04/ppp-involving-people-health-care-guidance.pdf>.

Acknowledgements:

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