

# Multiple Sclerosis Service Review: Impact of Employing a DMT Coordinator

Dr. Helen Willis CNS MS, Julie Webster CNS MS, Becky Hart DMT coordinator/ HCA,  
Broomfield Hospital, Chelmsford

## Background

A caseload of 840 patients at Broomfield Hospital is too large to be effectively managed by 1.4 WTE MS CNS Band 7 and 0.8 WTE Band 6 MS nurse plus 0.6 WTE Band 3 administrator and a part-time typist.

Compounding this problem, in March 2023, the band 6 nurse left the MS service. This resulted in the band 7 MS CNSs evaluating the staffing and patient needs of the MS service. A decision was made to consider what was really needed in terms of nursing and administrative support.

## Evaluation of Staffing Needs

### Appropriate staffing levels

The MS CNSs were found to be doing more administrative work than is appropriate. Much of this work is related to the initiation, monitoring, and continuation of DMT. This is taking us away from our clinical tasks. A large proportion of this work could be completed by an appropriately skilled DMT administrator.

## Evaluation of Patient Needs

### Care in the appropriate place

The MS CNSs have been aware for many years that some patients could potentially benefit greatly from being reviewed either:

- by a more local MS service
- in their own home, home visits from a community service for the more disabled patients, or
- at a local community clinic, run by a community MS service for appropriate patients not on DMTs.

## Service Development Opportunities

- To employ and develop a Band 4 DMT coordinator/ HCA (Completed)
- To work with the community stakeholders to establish a community MS nurse-led service.

## Evaluation of Role

- Auditing the impact of the DMT coordinator Band 4 on the MS service required consideration of the job description.
- The impressions of the impact of the DMT coordinator role are purely observational as the post holder only commenced in July and has had to have extensive training.
- The post holder had been an administrator on the Day Therapy Unit and is also an HCA. Thus, she brought many valuable and transferrable skills to this role.
- The post holder visits patients receiving Tysabri on the infusion unit and reports back any issues to the MS CNSs.
- The role has relieved the MS nurses of a considerable amount of work including but not limited to DMT admin.
- Systems have been established to enable timely review of results. Time to commencement of DMT has been reduced and is now only limited by the time taken for pre-initiation testing.
- The post has reduced the nurse workload as roles are better defined and patients have a point of contact for DMT admin queries, freeing up the CNSs to provide clinical care.
- The joint email box and telephone calls are triaged, ensuring an appropriate member of the team responds.

## Conclusion

- Including a DMT coordinator/HCA in the MS nurse team has made a huge difference to the workload of the MS CNS nurses. The post holder has established herself as an invaluable member of the team.
- A Band 4 DMT coordinator is more cost effective than a CNS MS and can undertake much of the work associated with commencing patients on DMT and the monitoring and continuation of DMTs.

## Further Actions

- The hospital-based service now needs to pursue the possibility of developing a community MS service.
- If this is not possible, a further MS CNS will need to be considered for the hospital.

## Bibliography

- Croft, A., Mynors, G., Roberts, M., Doncaster, D., Bowen, A. (2016) The MS forward view: A consensus for the future of MS services.
- Roberts, M., Chico, D., Naik, P. (2021) MS Specialist nursing in the UK 2021: Results from the 2021 MS trust mapping survey.