

# Redesigning the Treatment Initiation Pathway for Patients With Multiple Sclerosis in Salford

Lindsay Lord<sup>1</sup>, Troy Healey<sup>2</sup>, Alice Galbraith<sup>2</sup>

<sup>1</sup>Lead Nurse Multiple Sclerosis Service, Manchester Centre for Clinical Neurosciences (MCCN), Salford Care Organisation, part of the Northern Care Alliance NHS Group, Manchester, UK; <sup>2</sup>Merck Serono Ltd, Feltham, UK, an affiliate of Merck KGaA



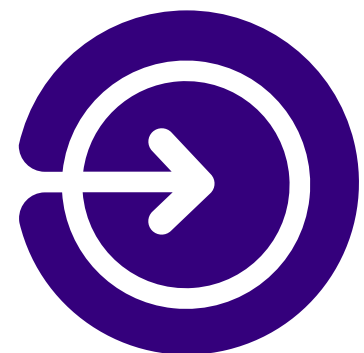
GET POSTER PDF

Copies of this poster obtained through QR code are for personal use only and may not be reproduced without written permission of the authors.



## CONCLUSIONS

- The redesigned disease-modifying treatment initiation pathway for Salford Royal Hospital's multiple sclerosis service has improved patient care and reduced pressure on staff
- The new pathway is safer, initiation of treatment is faster, and time freed up for nurses is now spent with patients in clinics



## CONTEXT

- Pathway mapping has the potential to drive service improvements. When properly undertaken, pathway mapping can align perspectives of diverse team members to understand complex processes, find common solutions and enhance team engagement<sup>[1]</sup>
- In 2022, Salford Royal Hospital's multiple sclerosis (MS) service faced severe staff shortages making it difficult to deliver optimal care. To address this, a decision was made to review the service. Slow initiation of patients onto disease-modifying treatments (DMTs) was identified as a key challenge and work began to better understand and redesign roles and responsibilities in this service through pathway mapping



## OBJECTIVES

The goal of redesigning the DMT initiation pathway was to transform an inefficient process that hindered patients' timely access to treatment into a sustainable service, ensuring that every step is designed to enhance efficiency and improve patient care



## METHODS

- The project was initiated by the lead MS nurse at Salford Royal Hospital who identified the need to optimise the DMT initiation pathway, and led an initial review of the service to identify roles, responsibilities and areas for improvement in the existing pathway
- MS nurses, MS consultants and MS coordinators at Salford fed into this review and were asked to provide their perspectives of the pre-existing pathway which helped to identify challenging areas which were negatively impacting patient safety or service efficiency
- The final pathway was mapped using Microsoft's VISIO tool and was presented at a National CHARMS conference (April 2023) for MS nurses, after which it was implemented within the service
- The pathway mapping project ran from October 2022 to April 2023 with the time and support of the Merck Serono Ltd. team including four touchpoints between Merck and the lead MS nurse during the course of the project



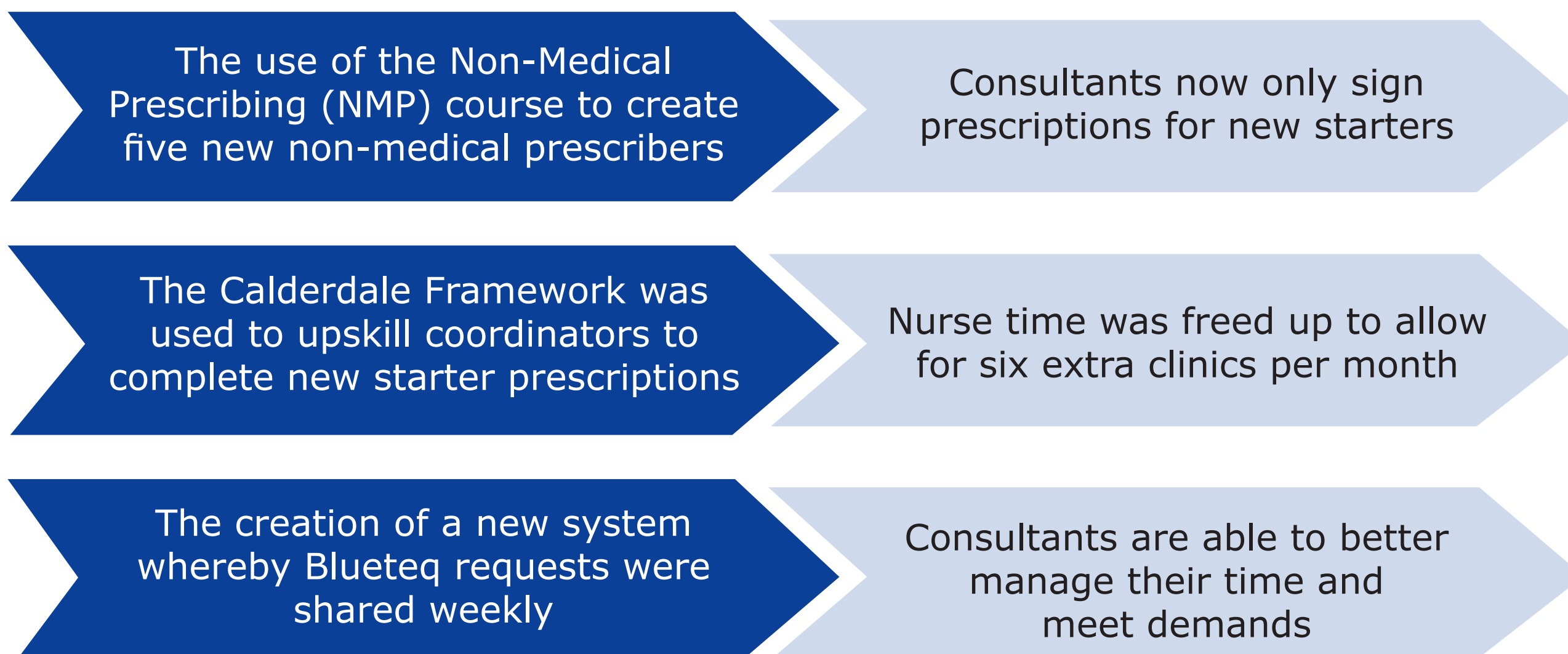
## RESULTS

### Review findings:

- Consultants struggled to sign prescriptions on a weekly basis
- Patients received inadequate clinic time due to nurse shortages and high administrative demands
- Prescriptions were sent to the pharmacy with no Blueteq form which delayed treatment initiation



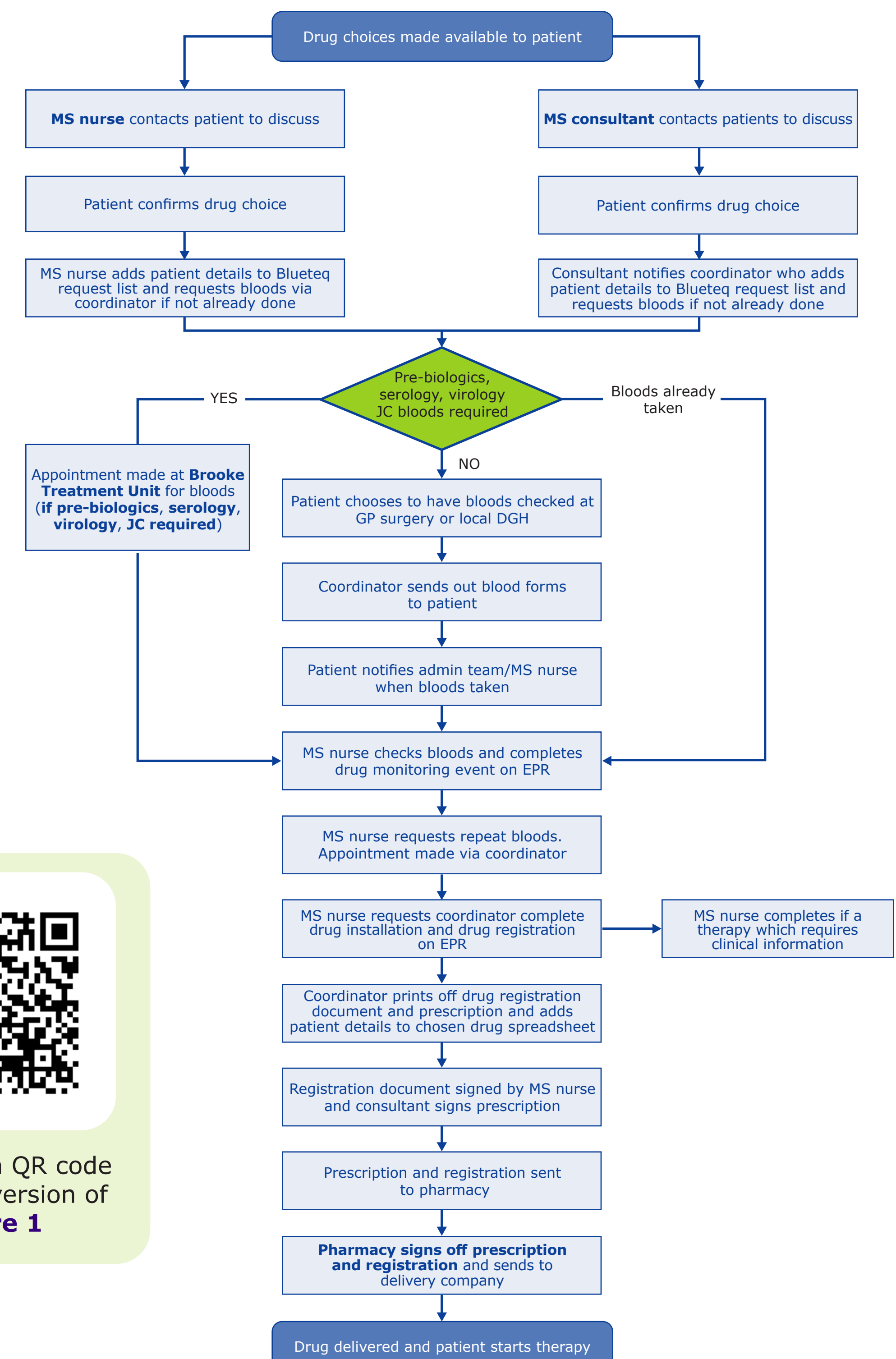
- These insights informed the pathway redesign (Figure 1). The pathway highlights MS nurses, MS consultants and MS coordinator touchpoints for an MS patient requiring a DMT prescription. Key changes included:



## DISCUSSION

- The redesigned pathway transformed a previously inefficient service to one incorporating a standardised approach to patient contact, optimising the capacity of the service while maintaining the highest patient care
- Implementing a similar pathway mapping project may be of benefit to other NHS trusts to improve patient safety and service efficiency

Figure 1. Redesigned Salford Royal Hospital DMT initiation pathway



Please scan QR code for larger version of Figure 1

DGH, district general hospital; DMT, disease-modifying therapy; EPR, electronic patient record; JC, John Cunningham; MS, multiple sclerosis

REFERENCES  
1. Antonacci G, et al. *BMC Health Services Research* 2021;21:342.

DISCLOSURES  
LL is a member of a steering committee for Merck, serves on advisory boards for Novartis and Roche, and has received honoraria and consulting fees from Teva. TH and AG are employees of Merck Serono Ltd., Feltham, UK, an affiliate of Merck KGaA. Medical writing support was provided by Joe Ward of inScience Communications, Springer Healthcare Ltd., UK, and was funded by Merck Serono Ltd., Feltham, UK, an affiliate of Merck KGaA.

Presented at the MS Trust 2024 Conference | 17 – 19 March 2024 | Hinckley, UK

This study was sponsored by Merck (CrossRef Funder ID: 10.13039/100009945)