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Development of the Dorset MDT Acute Deteriorating Symptom Clinic: Evidence to Practice

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Introduction

The National Institute for Health and Care Excellence guidance (NICE, 2022) advises that recognition of relapses by the MDT, based on effective assessment, is important because relapse frequency may influence which disease-modifying therapies are chosen and whether they need to be changed.

A review of our service showed there had been a 40% increase in calls to the team helpline with possible relapse symptoms (unpublished local data, 2022). This demonstrated a need for the relapse pathway to be reviewed in line with the literature (MS Trust, 2016; NICE 2022).

Our existing MS Relapse Pathway was set-up Nurse led due to constraints of the service. Furthermore, there was limited existing data to review and referral into the clinic wasn't being utilised, therefore relapse management was inconsistent and referred to GP management and community services.

Objective

To review the current MS Service Relapse pathway for the Dorset MS Service in line with NICE guidelines (NICE, 2022; MS Trust, 2016) and MS Trust documents to develop an MDT Relapse Clinic.

Methods

Literature review: We undertook a literature search for relapse management in MS and involvement of the MDT/ rehabilitation within Relapse management.

Scoping: We contacted other MS Services within the UK who have specialised MS therapists within the service.

Pathway and clinic development: We compared our existing relapse pathway and clinic with the MS Trust 8-Steps to relapse management document. The clinic and pathway were designed for all patients within the Dorset MS Service.

Results

Literature review: The body of evidence was limited but all demonstrated that MDT input, including therapists, in the acute relapse management stage was beneficial.

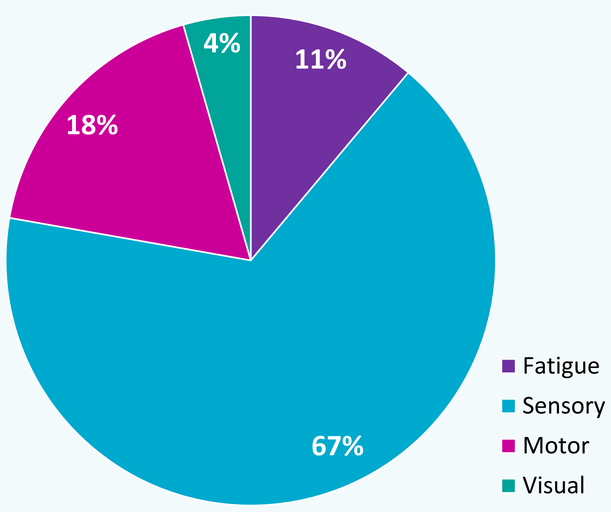
Scoping: This identified only two other services that had MDT involvement in an acute clinic.

Pathway: The pathway was further developed to support the MS helpline practitioner in identifying patients with acute deteriorating symptoms and to refer them to the clinic if it was deemed appropriate.

Clinic: A fortnightly clinic was organised with one MS nurse, one MS occupational therapist, and one MS physiotherapist. To ensure comprehensive and consistent neurological assessments, a new assessment document was developed. Following a literature review, we decided to use the Processing Speed Test (PST) and the MS Impact Scale 29 (MSIS29) as our routine outcome measures (OM).

Between December 2022 and August 2024, 47 patients accessed the clinic, and they waited on average 6 working days [between 1 and 16]. 5 patients had started steroid treatment prior to the clinic, and 4 were prescribed them at clinic.

Graph 1: Primary symptoms



Graph 2: Onward referrals from Clinic

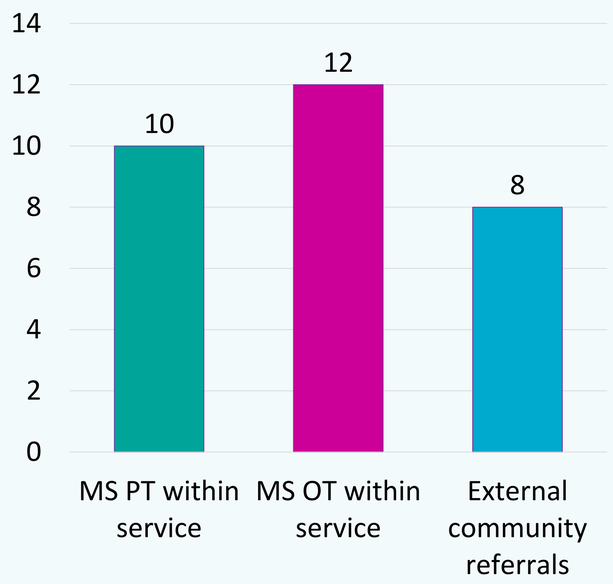
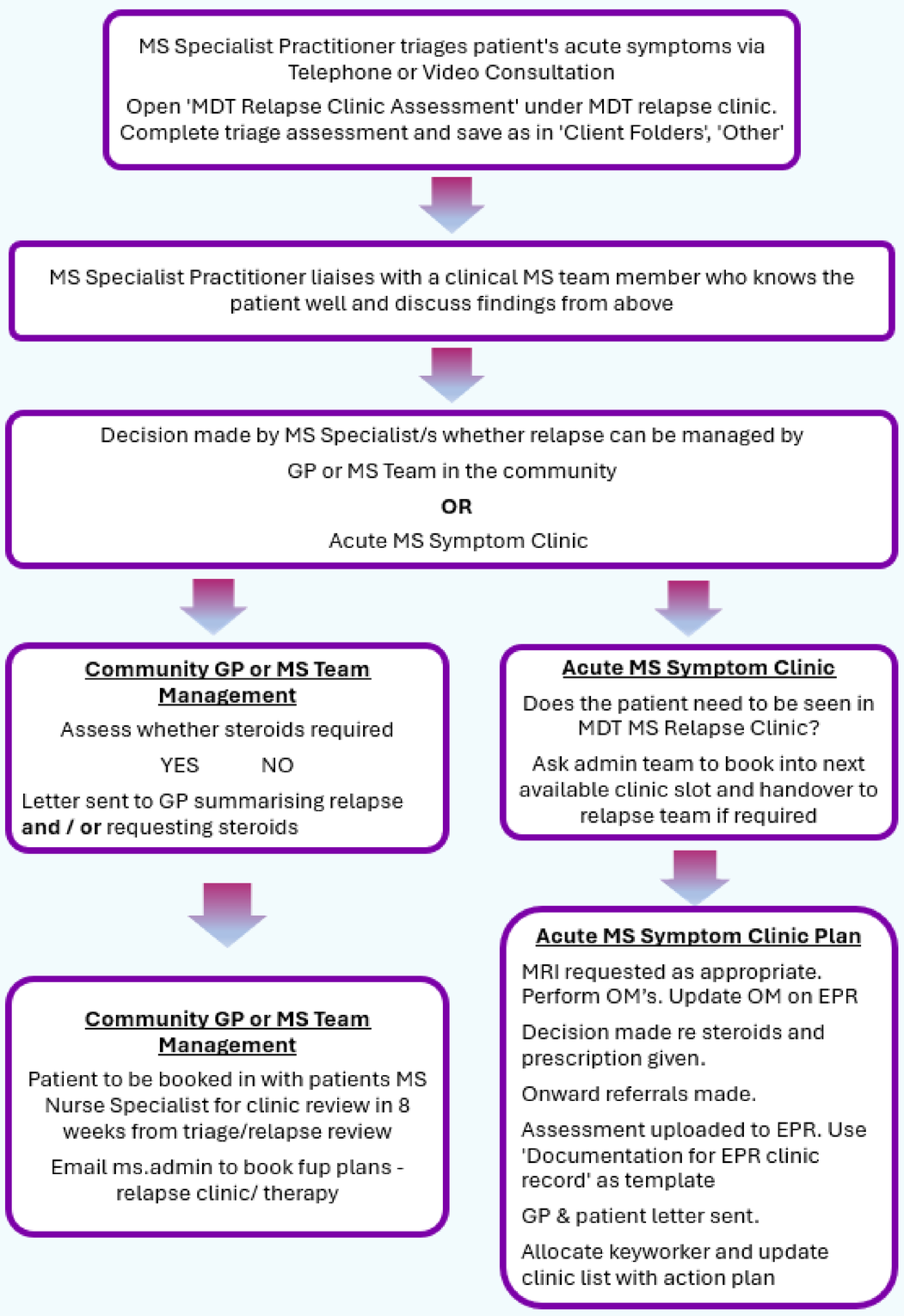


Image 1: MS Practitioner Relapse Pathway



Discussion

The most frequently observed primary symptom in the clinic was sensory. Data doesn't capture how many of these episodes were a true relapse however, only 9 patients had required steroid treatment.

Over half of the patients seen were referred onto onward MDT services. This could be due to the presence of the MDT which align with the findings from Tallantyre et al. (2015).

We expected referrals into the clinic would be clinically identified relapses, however the majority were not. Although due to the high number of onward referrals they all benefitted from an MDT assessment.

Changes made to reflect these findings:

- The clinic renamed to the 'MDT Acute Deteriorating Symptom Clinic'.
- Data collection was amended to capture further data on MRI outcomes and timescales.
- Keyworker role was developed to ensure follow up plans were completed.

Future considerations and conclusion

- Discussion around increasing the frequency of the clinic to meet demand
- Consideration of integration Neurologist / ACP into the team, although conscious of number of professionals in the clinic being overwhelming for patients.
- Informal feedback from patients is positive around being seen by the MDT and getting a holistic review. Staff informally report feeling more positive with the acute pathway and triaging skills. Therefore, plan to collect formal patient and staff feedback.
- Continue to develop data collection and review follow up process. OMs at this time aren't routinely completed and collated after the clinic.

This process has enabled the Dorset MS Team to develop an MDT Acute Deteriorating Symptom Clinic, which is now embedded within the service and continually undergoing development.

References:
National Institute for Health and Care Excellence, 2022, Multiple sclerosis in adults: management, *NICE Guideline (NG220)*
MS Trust, 2016, Eight steps to improving your relapse service: A guide to best practice for MS specialist nurses,
Tallantyre, E. C. et al. (2015) 'The aetiology of acute neurological decline in multiple sclerosis: Experience from an open-access clinic', Multiple Sclerosis Journal, 21(1), pp. 67–75.