Focus Groups to Explore Patient Experience of an MS Walking Clinic

Siôn Whittaker, Jo Johnson, Coralie Seary

National Hospital for Neurology and Neurosurgery, Queen Square, London

University College London Hospitals
NHS Foundation Trust

Background

- The MS walking clinic (MSW) was established in 2013 as an MDT clinic combining expertise in assessment and management of mobility impairment related to MS. Patients are reviewed biannually, alternating between video and face to face appointments.
- Using focus groups, we hoped to understand service users experience. We aimed to gain insight into the most and least valued aspects of MSW and to identify areas for future development, working with patients as partners in their care

Method

Purposive sampling to invite service users to a total of 4 online focus groups

Nominal group technique to gather service user's perspectives regarding the value of attending MSW

Participants voted on which discussion points raised were of greatest importance to them

Participant Demographics

Gender	8 Female (61.54%) 5 Male (38.46%)
Mean Age	55.6 years (range 42 – 71 years)
Mean time in MSW clinic	2.3 years (range 3 months- 8.5 years)
Mean walking speed	0.94 ft/sec (range 0.54 - 2.77 ft/sec)

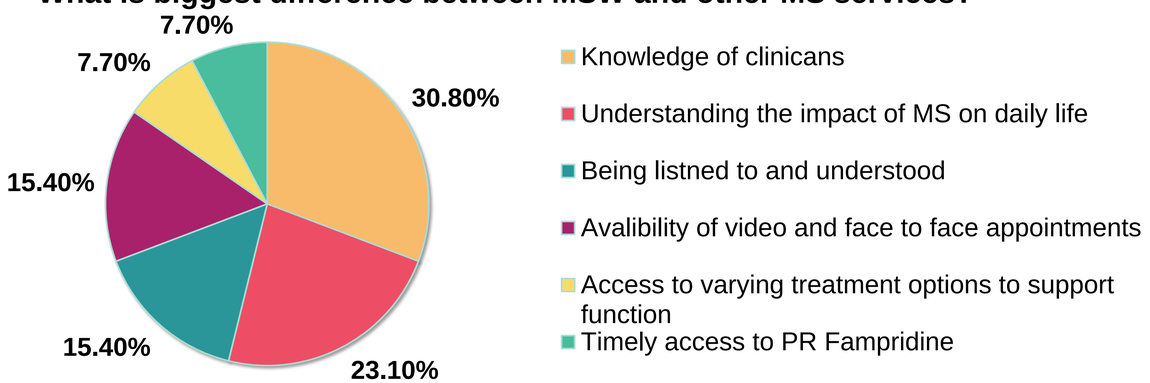
Results

- Clinician knowledge, understanding of the impact of MS on daily life and providing holistic care are the main benefit of the service.
- The mixed model of video and face to face appointments is highly rated (90% felt this was beneficial).
- Clinic location and accessibility is the main thing patients would change.

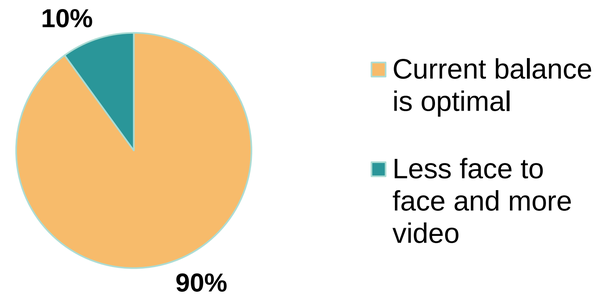
"If it weren't for you guys, I would be really struggling"

"I would move you to my doorstep"

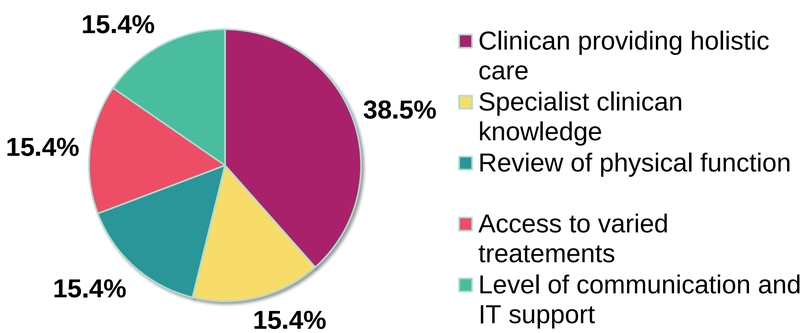
What is biggest difference between MSW and other MS services?



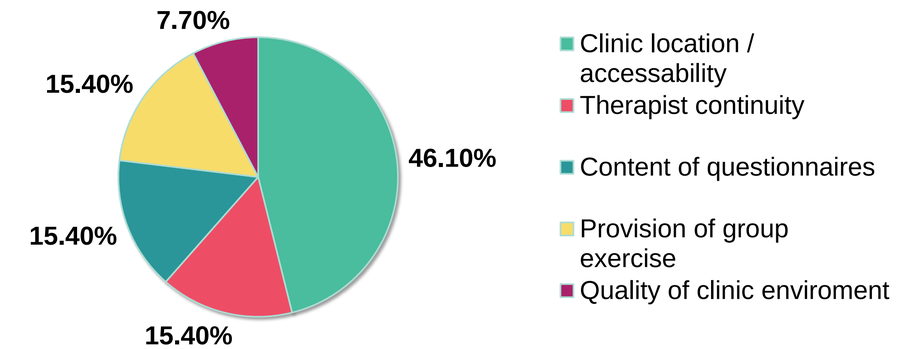
Video versus face to face



What is most beneficial about the MSW?



What would you change about the MSW?



Conclusions

- Focus groups identified that service users valued the expertise and holistic care provided by specialist clinicians for management of their mobility.
- Location and accessibility of the service was the main challenge identified.
- A similar service model could be replicated at other locations across the NHS to improve accessibility, thus increasing quality of life for people with MS.

References

- NHS England. The NHS Long Term Plan. (2019). Retrieved November 20, 2021 from https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/
- NHS England. Runing Focus Groups for Patient and Public Engagement. (2016) https://www.england.nhs.uk/wp-content/uploads/2016/07/bitesize-guide-focus-groups.pdf
- Lloyd-Jones, Fowell, Bligh. The use of the nominal group technique as an evaluative tool in medical undergraduate education. Medical Education. 1999 Jan;33(1):8–13.
- NHS England (2019). Universal Personalised Care: Implementing the Comprehensive Model. (2019) Retrieved December 2, 2021 from https://www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalised-care.pdf