

The MS Trust MS Specialist Nurse Capacity Planning Tool

A guide to calculating how many appointments you offer compared to how many you need

Introduction and background

MS specialist nurse teams need to have enough capacity- (i.e. available appointments) to enable them to provide quality care to **everyone** on their caseload. However the MS Trust is aware from their recent mapping survey¹ that the majority of MS teams are struggling to see even a proportion of people on their caseload each year with the result that MS teams are experiencing ever increasing pressure and that many people with MS are missing out on the specialist care they need.

Factors which are currently driving an increase in MS specialist nurse workload include:

- New and evolving treatment paradigms for MS mean that more people are being prescribed more effective disease modifying drugs. We welcome the increase in options available for people with MS who are eligible but the more effective DMDs often bring with them a significant increase in the monitoring which is required to keep people safe. This has resulted in an increased requirement for MS nurse appointments for this group of people.
- We know that the demands of managing DMDs mean less care is available for the majority of people with MS who do not take DMDs².
- The prevalence of MS is increasing by an estimated 2.4% each year as people with MS are living for longer³.

The MS Trust has developed this simple guide to help you calculate how many appointments you are currently offering and how many you need. This can help you to quantify the deficit in terms of your capacity and support a business case to either establish more clinics or to recruit an additional member of staff. Reviewing your capacity can also help you to look at how you organise your appointments across your job plan and highlight areas where you can improve your productivity.

This guide will help you to:

- Convert your weekly or monthly job plan into an annual capacity for clinic consultations and home visits (taking into account leave and study time).

¹ Hannan G et al (2018) MS Specialist Nursing in the UK 2018: Results from the 2018 MS Trust Nurse Mapping Survey. [MS Trust](#)

² Croft et al (2016) MS Forward View: A consensus for the future of MS services. [MS Trust](#)

³ Mackenzie IS, Morant SV, Bloomfield GA, MacDonald TM, O'Riordan J. Incidence and prevalence of multiple sclerosis in the UK 1990-2010: a descriptive study in the General Practice Research Database. *Journal of neurology, neurosurgery, and psychiatry*. 2014;85(1):76-84.

- Compare your capacity to the needs of people with MS on your caseload, based on the MS Trust sustainable caseload model⁴.
- Compare your actual activity to the activity you need to deliver to provide proactive, holistic care to everyone on your caseload and/or everyone who has MS in your 'patch'⁵.

Working through the MS Trust Capacity Planning Guide

Identify your current capacity

Job Planning

You may already have an agreed job plan and if not then you should consider writing one as they are useful to have and are a quick and effective way of showing managers and colleagues how you manage your time.

Writing a job plan is usually pretty straightforward. Each member of your team needs to put together a job plan recording what they do in a typical month – what you do each morning and afternoon, and how many slots you have in outpatient clinics etc. If all the weeks in your month look the same, just complete one week each. If you have a monthly job plan with each week of the month looking a bit different, then complete one to cover the clinic cycle (for example if you have clinics which run every 2 weeks then you will only need to do a job plan to cover a 2 week period; however if you have clinics running over a monthly or 5 weekly cycle then you will need to prepare a job plan to cover the whole period). There is a template at the end of this guide which you can print off and use.

You should include the following where they apply (you may not undertake all of these different types of activity):

- Outpatient clinics: Number of slots available (don't include overbookings); type of clinic (e.g. DMD monitoring/relapse/symptom management/general)
- Home Visits – number of visits (on average) per session⁶
- Ward visits - number of visits (on average) per session
- Telephone clinics – number of appointment slots

⁴ A sustainable caseload of 315 pwMS per 1.0 WTE MSSN is recommended (Hannan G et al (2018) MS Specialist Nursing in the UK 2018: Results from the 2018 MS Trust Nurse Mapping Survey. [MS Trust](#)). Recommendations for the number of appointments different cohorts of pwMS will need can be found in *Mynors et al (2014) Modelling sustainable caseloads for MS Specialist Nurses*. [MS Trust](#)

⁵ Many teams know that there are significant numbers of people with MS in the local area who have disengaged from local MS services for various reasons, a good proportion of these people will be keen to re-engage with services if they know the capacity is there. This group are often those people with more advanced MS who are most vulnerable to developing complications of MS which can lead to increasing (though potentially avoidable) use of health and social care services.

⁶ A session is usually counted as a morning, afternoon or evening – a typical week for someone who works full time will have 10 sessions

- Infusion sessions where you undertake a review which would otherwise require a clinic appointment
- Clinical admin time⁷
- Non-clinical admin⁸

A job plan will inevitably make your working week look much simpler than it actually is! For example in practice you may not have a whole afternoon allocated to Clinical admin each week but integrate this into other tasks during the week; however aggregating the time you spend on clinical admin each week into a whole session will make your job plan much easier to use and more meaningful to managers etc.

There is an example of a job plan below and if you have any more questions about writing a job plan or would like any help then contact the Health Professionals Programme team at the MS Trust.

Here is a completed example of a job plan with a 2 week cycle, there is a blank one at the end of this document which you can copy and paste as many times as you need to for all the members of your nurse team.

EXAMPLE JOB PLAN

Name: *Simon Williams*

WTE: *0.8 (4 days a week)*

		Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	AM	DMD review OP CLINIC (6 SLOTS)	Telephone clinic (10 slots)	Not working	General OP CLINIC (7 SLOTS)	Relapse clinic (6 slots)
	PM	Home Visits (2 slots)	Clinical Admin	"	Clinical Admin	Telephone clinic (10 slots)
Week 2	AM	Symptom Management OP CLINIC (6 SLOTS)	Telephone clinic (10 slots)	"	Ward Visits (2 slots)	Relapse clinic (6 slots)
	PM	Home Visits (2 slots)	Clinical Admin	"	Clinical admin	Telephone clinic (10 slots)

There are other activities that you might do in addition to those listed in the example above, such as drop-in sessions, covering infusion clinics and research sessions. Please include these in your job plan so that it is clear how your time is allocated each week – there should not be any empty sessions.

⁷ This includes time allocated to making referrals, teaching, attending case conferences, dealing with phone calls and emails which are not managed through the telephone clinics etc.

⁸ This includes time that you spend undertaking admin tasks which a secretary or DMD coordinator could do

We've used the term 'Clinical Admin' to describe activity such as dealing with paperwork, attending MDT meetings, taking and receiving phone calls, texts and emails outside formal telephone clinics and organising referrals.

Just include the number of slots that are allocated per clinic – do not include any overbookings even if you regularly overbook your clinics. The aim is to calculate what your current capacity is based on the template in your job plan; you will calculate the deficit between your current capacity and the capacity you need as you work through this guide.

Calculate your current capacity

So now you have your job plan you can calculate your current capacity.

Count up the total number of face to face appointments (OPD clinic slots, Home Visits, Ward Visits etc.) that you provide each week. If your job plan runs over more than one week then calculate the total and divide by the number of weeks to give you an average number of slots per week.

If we use the job plan in the example above, Simon Williams provides:

- 31 OPD clinic slots per fortnight
- 4 Home Visits per fortnight
- 2 ward visits per fortnight

This gives a total of 37 face to face appointments available every 2 weeks; divide by 2 to give an average of 18.5 face to face appointments per week.

In addition to the face to face appointments, Simon provides 40 telephone clinic slots every 2 weeks giving a total of 20 slots per week.

Annual Capacity

However, service capacity is measured per year rather than per week so these totals need to be multiplied up to give your capacity per year. Each NHS Trust has a 'standard year' which they use to calculate capacity; this takes into account annual leave, bank holidays and- to varying degrees – study leave. The NHS standard year can vary from 42-48 weeks and it is worth finding out which figure your Trust uses (your Matron or Business Manager will be able to tell you this). For the purposes of this example we will use 48 weeks which will give the most generous figure for capacity.

Taking the average weekly figures worked out from your job plan, simply multiply by 48 (if using this as the standard number of weeks) to work out the annual capacity per MSSN or for the service as a whole (combining the appointments of all the MS nurses in the team).

In the example above this gives annual capacity of:

- $15.5 \times 48 = 744$ face to face OPD appointments
- $2 \times 48 = 96$ home visit appointments
- $1 \times 48 = 48$ ward visits

Which gives a total number of 888 face to face appointments available per year.

In addition Simon provides an average of 20 telephone slots per week which equates to 960 telephone appointments per year (48 weeks).

You have now worked out what your current capacity is based on your job plan. The next step is to work out how many appointments you need to provide proactive, holistic care to **everyone** on your caseload (as defined in MS Forward View⁹).

2. Your caseload

In order to work out how many appointments you need to provide to ensure you and your service can meet the needs of everyone with MS on your caseload, you first need to know the size of your caseload. This may sound self-evident but many services do not have an up to date database and do not know exactly how many people with MS they should be seeing.

If you do have an accurate database – well done! – use this figure; if you have a database that is perhaps not as up to date as you would like but you feel is of the right order then you can still use the total number and perhaps caveat your report with the fact that your caseload is an estimate based on best information available.

If you do not have an accurate sense of your caseload then you can use the figures for estimated prevalence of people with MS across the CCG(s) or Health boards that you cover. This figure may be available to you locally, alternatively we can provide you with local prevalence estimates from the MS Trust mapping work¹⁰. Using this figure enables you to calculate how many appointments you need to be able to provide to meet the needs of everyone with MS in your ‘patch’.

Number of people on DMDs

You should have an accurate figure for the number of people prescribed DMDs on your caseload. This is important because we know that people on DMDs require far more frequent routine appointments than people with MS not taking DMDs due to the high monitoring requirements and need for regular review.

You may have accurate information on the number of people on each of the different DMDs in your service and be able to work out the total number of monitoring and review appointments required by this group specific to your caseload. However not every team will

⁹ Croft et al (2016) MS Forward View: A consensus for the future of MS services. [MS Trust](https://www.ms-trust.org.uk/forward-view)

¹⁰ Contact guy.hannan@mstrust.org.uk

have easily accessible data at this level, in this case we recommend that you **assume an average of 4.2 appointments per person on a DMD per year**¹¹ in your calculations.

People not on DMDs

The MS Trust published a report in 2014¹² which calculated the average number of appointments people with different types of MS are likely to need each year. The DMD monitoring requirements at that time were very different than they are now and the number of appointments this group of people need has increased significantly, however we can assume that the appointments required by other people with MS are the same as they were in 2014.

If we assume the average number of appointments per year for someone taking DMDs is 4.2 (as discussed above) and we recalculate the figures given in the 2014¹² report to give us an overall average number of appointments for those *not* taking DMDs, we can assume all those pwMS who are not taking DMDs will need 2.0 appointments per year.

Using these two figures you can then work out the number of face to face appointments you need for your caseload.

Estimating telephone calls

The 2014 report¹² gives an estimate of 2.9 telephone calls per year per person on the caseload, regardless of type of MS or treatment. This figure does not take into account the vastly increased number of texts and emails that MS teams are now also dealing with and until further work is done to look at this we have no way of accurately quantifying how many of these communications should be expected. **We therefore advise that the average figure of 2.9 calls per person per year is used to estimate this aspect of your workload** and that this should also cover text and email communications which we assume have in part replaced some calls.

Worked example:

Let's assume our fictitious MS Nurse above, Simon Williams, has an estimated caseload of 550 people with MS of which 145 are taking DMDs.

- 145 people on DMDs will require 4.2 appointments each per year = 609 face to face appointments
- 405 pwMS **not** on DMDs will need an average of 2.0 appointments per year = 810 face to face appointments per year

¹¹ This is based on data on file in the MS Trust which has been calculated using the number of people on each DMD and the number of monitoring and review appointments this group needed over a 12 month period assuming a full range of DMDs is prescribed – monitoring requirements based on those required as of Sept 2018.

¹² Mynors et al (2014) *Modelling sustainable caseloads for MS Specialist Nurses*. [MS Trust](http://www.ms-trust.org.uk)

This gives a total number of face to face appointments per year required as 1,419

We also assume that the entire caseload of 550 people will contact the service 2.9 times each = 1,595 calls/emails/texts per year

3. Identify the deficit

So you now know how many appointments you have available each year and how many appointments you need to be able to meet the needs of everybody on your caseload. From here it is straightforward to work out how big the gap is between the capacity you have and the capacity you need. Simply subtract the appointments you have available each year from the number of appointments you need.

Using the example we have worked through above:

- Simon Williams has a total of 888 face to face appointments per year available
- To meet the needs of his entire caseload he needs to have 1,419 face to face appointments available
- His deficit is therefore $1,419 - 888 = 531$ appointments per year
- This works out at 11 appointments per week (assuming a 48 week year) which is equivalent to a couple of extra clinics and perhaps a couple more home visit appointments each week.

In terms of his capacity for managing telephone calls – he has 960 telephone appointment slots available per year; he also has time during clinical admin sessions when he can deal with other calls that do not qualify for a clinical tariff (though it is difficult to quantify this figure).

With a caseload of 550 people he can expect 1,595 calls/texts/emails per year – if we estimate $\frac{1}{3}$ rd of these are put through the telephone clinics he will need 532 telephone appointments per year¹³ (11 per week)– he is currently providing 960 telephone appointments (20 per week).

Identifying that you have more appointments available than you need.

Whilst the expectation is that there will usually be a deficit in terms of the number of appointments available compared to the number of appointments needed there will be times when you do the maths and find that you have more appointments available than you need. This can be a real opportunity to look at your job plan and decide whether you need to change how you organise your work.

¹³ Whilst we have no evidence based data to support this figure this is the proportion of all calls/emails/texts that the majority of teams estimate can be put through a telephone clinic when asked.

If we look at the example we have worked through above, Simon Williams needs an additional 11 face to face appointments per week but is providing more telephone appointments than we would expect to be needed. At this point he needs to look at his actual workload

- Are the 20 telephone slots per week fully booked or are there often un-booked slots – i.e. do the estimates we have worked out translate into clinical practice and he is actually providing more telephone appointments than the service needs?
- What is his usual response time when returning calls – most teams aim to return non-urgent calls within 2–3 working days?

By answering these two questions he will be able to understand whether he really does have more telephone appointment slots than he needs or whether he is just not using the slots appropriately and is dealing with the majority of calls outside the telephone clinic which is likely to impact on his responsiveness to calls.

If he has unused slots in the telephone clinic he should consider whether more of the calls he is dealing with outside of the telephone clinics can be directed through the clinics which will both increase income generation (assuming the Clinic calls are tariffed) and make his work more efficient.

If he has unused clinic slots and is happy that he is dealing with calls outside the telephone clinics appropriately and in a timely fashion then he may indeed have too many slots available and can consider reducing the number of telephone clinic slots. If we use the results of the capacity modelling we have worked through for his service one option would be for him to reduce the number of telephone clinics each week to one with 11 slots and use the extra session this gives him to set up an additional face to face clinic each week. This may not fully enable him to address all the unmet need he has identified but would significantly improve his capacity and ensure his service better meets local need.

What next?

Having quantified the number of additional appointments you need you may now be considering putting together a proposal to establish a new clinic or even a business case to establish an additional member of staff. The MS Trust *Guide to writing a business case*¹⁴ can help you with this.

The MS Trust Health Professionals Programme Team will also be able to advise you whether you will be eligible for pump priming funding for an additional post through the [Specialist Nurse Programme](#) – so do get in touch.

¹⁴ You can download a copy from the MS Trust website [here](#)

Job Plan

Name _____

WTE _____

		Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	AM					
	PM					
Week 2	AM					
	PM					
Week 3	AM					
	PM					
Week 4	AM					
	PM					
Week 5	AM					
	PM					

Summary of capacity calculations

Current capacity

- Review your job plan and ensure this accurately reflects the appointments you allocate each week
- Add up how many face to face appointments you offer per week (work out an average if your job plan has a cycle longer than 1 week)
- Add up how many telephone clinic slots you offer per week in the same way
- Multiply your weekly average number of appointments by the number of weeks in an NHS year (we have used 48 weeks in the example here).
- This will give you the total number of face to face and telephone clinic appointment slots you have available each year – you can work this out for each individual in the team or for the team as a whole.

Required capacity

- If you have an accurate figure for your caseload then use this; alternatively you can use an estimate of your caseload or estimates of local prevalence of people with MS.
- Identify how many people on your caseload are taking DMDs – we assume that this group of people will need an average of 4.2 appointments each per year.
- Calculate the number of DMD appointments required by multiplying the number of people taking DMDs by 4.2 – you can then work out how many you need per week by dividing by the number of weeks you used above (48 weeks in this example).
- Using your total caseload figure, subtract the number of people taking DMDs – this gives you the number of people not taking DMDs who we assume require an average of 2.0 appointments each per year.
- Multiply the number of pwMS not taking DMDs by 2.0 to give you the total number of appointments per year for this group and then divide by the number of weeks per year to give the number of appointments you need to provide each week.

Deficit in capacity

- Subtract the number of appointments you have available each week from the number of appointments you need for your whole caseload per week – this will give you the number of extra appointments you need to create per week to ensure that you can provide proactive, holistic care to everyone on your caseload.