

## Introduction

Retrospective audit of clinic letters & notes (computerised) in 65 patients with MS who attended rehab clinics between Sept-Nov 2013; to assess whether discussion of symptoms occurred

## Objectives

- To identify compliance with NICE guidelines in the care of patients with MS
- To improve quality of care by ensuring recent computerisation of patient notes has not adversely affected consistency in addressing these hidden symptoms

## Quality Issues

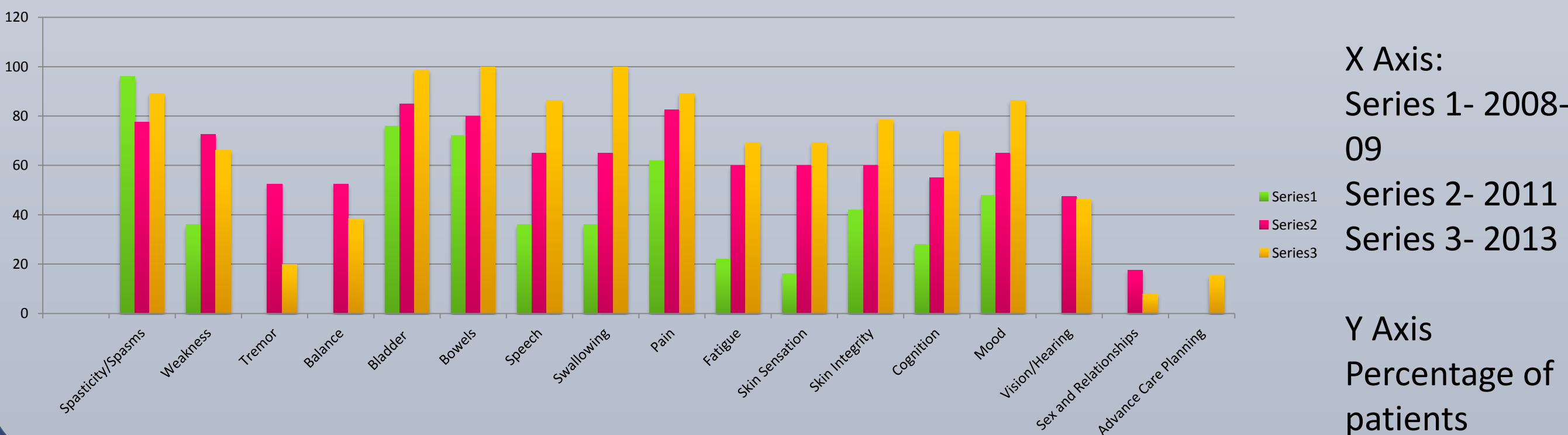
NICE recommended, “service professionals in regular contact with people with MS should consider in a systematic way whether a ‘hidden’ problem is contributing to their clinical situation”<sup>1</sup>

## Background

Patients with Multiple Sclerosis (MS) have a variety of symptoms making it difficult for healthcare professionals to detect all relevant changes. To tackle this challenge an assessment tool was developed in Walkergate Park. This annual checklist was used to ensure all symptoms are discussed. However once computerisation of notes occurred, this checklist was no longer used and it was not possible to quickly review which symptoms had been addressed in the previous 12 months. A pro forma was then introduced which could be used at each consultation, although this still did not allow for an annual overview. It was therefore felt that a re-audit was necessary to ensure that patient care was not adversely affected by these changes.

## Results

Discussion of symptoms took place in the following numbers and percentages of patient consultations. These results were compared with the two prior audits that had taken place in 2008-9 (initial exploration of issue) and 2011 (review of situation once introduction of annual checklist had occurred). The 2011 audit revealed that checklists were completed in 47% of consultations.



## Discussion

Despite the loss of a rapidly accessible annual overview of symptoms, there has been greater consistency in monitoring the wide range of symptoms associated with MS. It should be noted that the discussion of all symptoms (such as ‘balance’) are not necessarily relevant to all patients, and that the discussion of others (such as Advance Care Planning) on a regular basis may not be appropriate or relevant. However there are some areas that do require further improvement, most notably discussion of sex and relationship issues.

## Correspondence

Walkergate Park, Benfield Drive,  
Newcastle, NE6 4QD

## References

<sup>1</sup> NICE Clinical Guidelines, No. 8,  
Executive Summary.