St George's University Hospitals
NHS Foundation Trust

A Progressive MS Pathway – scoping audit

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Background

People with Multiple Sclerosis (MS) may have complex needs when progressing into a more advanced phase of the condition. The NICE guideline (2014) emphasise the importance of a coordinated multidisciplinary approach. To meet this, communication across services and wider multidisciplinary Team (MDT) should be structured, with information and support tailored to the individual. Furthermore, NICE (2014) recommend involvement of professionals with expertise, who best meet individual needs. The diverse experiences of people with MS (pwMS) warrant a multidisciplinary, flexible and proactive approach to facilitate self-management (Deibel *et al*, 2013). Providing preventative therapy, reducing secondary complications, and enabling self-care, may contribute to reducing social care costs and avoidable hospital admissions (MS Trust, 2013). Several papers encourage the MDT clinic approach as it provides an expert MDT *one-stop-shop* for patients (Uygunoglu *et al*, 2016). However, Papeix and Lubetzki (2016) believe running an MDT clinic is not cost-effective and patients may prefer one-to-one in their own home. Additionally, optimum timing of information may be difficult in a clinic setting. Alternatively, a timely referral pathway to specialists may be as effective in ensuring optimum timing of referrals (Papeix and Lubetzki, 2016).

Objectives

To establish if a an MDT review clinic /pathway is required to support patients needs and if feasible and cost effective to provide.

Method

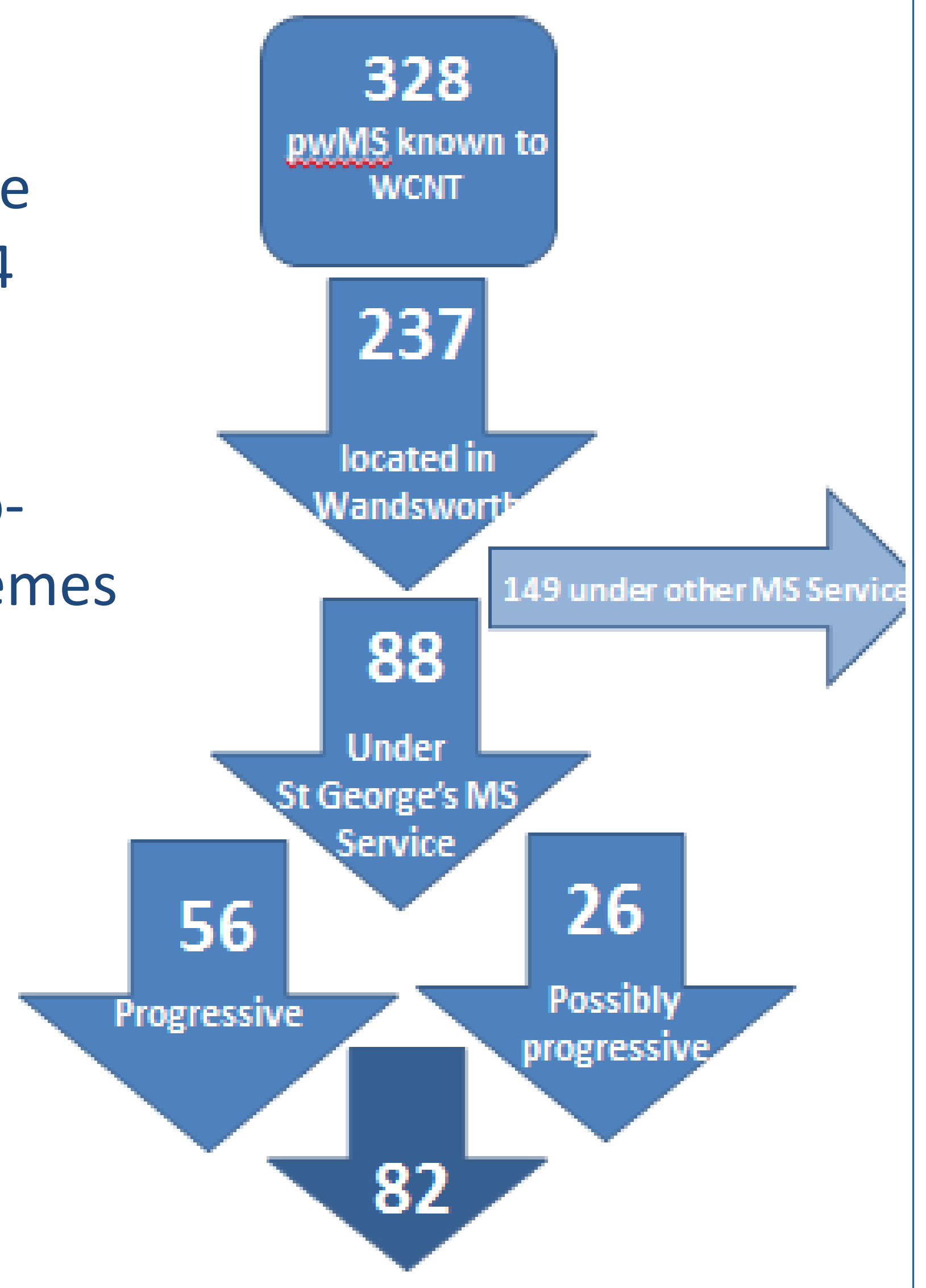
1.To establish feasibility; an audit was conducted to find the number of progressing pwMS. The WCNT, MS nurse and neurologist established a 'progressive criteria': (i) Increased assistance with activities of daily living, (ii) A significant set of complex symptoms, (iii) multiple members of the MDT involved, and (iv) recurring infection.

2.WCNT collated MS list from database. These patients were checked to see if they resided in Wandsworth.
3.WCNT checked each patient against criteria and again discussed with MS nurse and neurologist.

Patient opinion was sought to understand experiences of their support with MS and whether an MDT review would be preferred: **Sample Size:** 45 invitations to join the WCNT co-production group to discuss their experience of MS and the service; 11 replies were received of which 6 confirmed attendance. 3 patients attended co-production group 1st week. 1 patient attended co-production group 2nd week. **Standards:** WCNT selected advanced patients known to St George's Hospital neurology. Excluded patients not under St George's Hospital, non-English language, and severe cognitive deficit. WCNT collated questions to ask patients using the 'bridges' approach.

Results

56 - 82 patients would potentially be appropriate for an MDT clinic (e.g. 4 patients per fortnight).



From the group interviews in the co-production group; the following themes were identified:

What has been helpful	Challenges
Social contact and supportive family / friends Psychology and adjustment group Physiotherapy MS nurse Good GP Signposting to helpful information/ services	Fears for the future Needing support at diagnosis Feeling Isolated and challenges accessing community

There was a mixed response on views on the MDT review clinic:

Comments on the MDT review clinic
"Some people might find an MDT review overwhelming and be better one to one" "it's a shame there's no physio at neurology, it would be good to be measured to see if my walking has changed" "A home visit might help some people who can't get in" "It might be bizarre to have your neurologist visit you at home"

Discussion

The audit revealed 56 - 82 patients would be appropriate for an MDT clinic (e.g. 4 patients per fortnight). However, this may cause inequity for those residing in other boroughs to Wandsworth, or managed by other hospitals. The audit demonstrated a feasible quantity of patients, though a business case would need to be proposed to fund additional professionals needed to complete the (formally neurologist) annual review. Reviews would focus on completing a specialised care plan and ensuring timely referral to required professionals. Consideration would need to be taken into how the clinic would differ and link with other clinics, such as spasticity clinic and the complex clinic.
Following Co-production Group discussions, pwMS were undecided whether an MDT clinic would be the best method of review. Some felt an MDT review could be overwhelming for the individual who may prefer a 1:1 approach. Transportation to a clinic may be problematic for those suffering from fatigue, bladder problems or other disabilities. However, some felt it would be helpful to have a therapist to physically test if there had been a change. A suggestion was made to have a telephone review with a therapist. Unfortunately, the opinion of three patients is not a representative sample (particularly as none had communicative or cognitive impairment), though their experiences revealed interesting themes which may be helpful in considering a pathway to better support patients. There was a clear psychology need for support with diagnosis and adjusting to progression of MS "it gives you another avenue for support for something you've not come across before". There was also a need for local information to be available to patients, perhaps via the Wandsworth MS resource.

Conclusion

Development of an MDT review clinic for progressive MS patients is feasible however there lacked consensus that this would be the best model of care. Patients wanted better access to information and professionals relevant to their needs. Increasing NHS economic pressures, could impact funding additional therapists for the review. It may also create an unequal service. Further discussion is needed to ascertain whether a pilot MDT clinic would be beneficial, particularly for patients with cognitive and communication impairments. Alternatives should be considered such as a forum for professionals to review care plans, developing a MDT telephone review, or creating a pathway to insure referral to psychology and/or other services.