

Describing the consequences of a threat

Looking at the service description and risk assessment, write down the consequences of having less hours in the condition-specific service. For example:

- no nurse-led clinics or reduced number of clinics
- reduced telephone support
- reduced availability of monitoring appointments for people with MS taking DMDs
- delays in people starting DMDs or receiving scheduled infusions
- cuts to home visits
- potential for increasing use of emergency services and burden on primary care teams

Spell out the likely results of a reduction in service in terms of what it might mean for patients – what will happen to them and where will they go if your current service is unavailable? E.g.

Does this put pressure on other neurology services or services in the community such as the GP or District Nurses?

Are they more likely to:

- Fall
- Contract UTIs
- Fail to comply with medication
- be at higher risk of serious adverse incidents or death
- experience worsening longer term outcomes as a result of a delay in starting a DMD or of being assessed for escalation in a timely way

Spell out what this will mean for your employer e.g.

- pressure on waiting times for neurology outpatients
- higher risk of admissions and readmissions
- very delayed discharge
- increased mortality etc.
- loss of skilled staff

If you are unsure of what to do at this stage, [contact the MS Trust](#). We can look at the evidence you have and help pull the words together to describe what happens if your service is reduced in scope.