

How MS nurses can achieve cost savings and for whom

Cost savings	Achieved through MS nurses...	Who benefits economically?
Reductions in GP consultations	<p>Providing rapid access telephone or face to face consultations on problems needing a rapid response, such as continence issues, UTIs, medication side effects, possible relapses or other health problems where the patient is uncertain whether they are linked to their MS.</p> <p>Educating patients and their carers: giving information and advice which promotes self-management and reduces psychological distress.</p> <p>Educating GPs and other primary care health professionals so that they are able to offer more effective care and reduce the need for follow up appointments.</p> <p>Proactive management of people with Advanced MS will help to maintain and optimise function and independence and manage often intractable symptoms such as spasticity and tremor.</p>	<p>GP Practices and/or Primary Care Networks</p> <p>Acute care (in reduced emergency admissions)</p> <p>District Nurse teams (frees capacity)</p>
Reduction in A&E attendances	<p>As above</p> <p>Timely response to people with MS who contact the service in relapse or who are acutely deteriorating. By discussing initial management over the phone with people with MS and arranging for them to receive treatment quickly, A&E attendances can be avoided.</p>	<p>CCG / Health Board / Primary Care Network</p> <p>Secondary care</p>
Reductions in neurology consultant appointments (or freed up time to see more patients and reduce waiting	<p>Providing routine follow up consultations for all patients following diagnosis and where the patient's MS is stable.</p> <p>Providing relapse clinics and relapse management (in some cases through prescribing steroid therapy).</p>	<p>CCG / Health Board / Primary Care Network</p>

	Undertaking routine medication monitoring including regular testing and side effect management.	
More effective use of disease-modifying drugs: more appropriate prescribing, increased adherence and reduced side effects	<p>Providing information and promoting shared decision making at the point of prescription, both of which will lead to patients making more informed decisions and promote adherence.</p> <p>Training patients in managing their medications, again promoting adherence.</p> <p>Effective monitoring of people with MS taking DMDs reduces the risks of any side effects - some of which can be very serious with a risk of long term increased morbidity and death.</p> <p>Monitoring and altering medication appropriately (and recommending cessation of treatment if it is not benefiting the patient).</p>	CCG / Health Board / Primary Care Network: if the net result prescribing: otherwise this is a health cost saving.
Reductions in emergency admissions	<p>Responding to patients with symptoms of relapse or other crises before they present to A&E.</p> <p>Offering home-based / oral steroid treatment for relapses;</p> <p>Seeing patients in A&E and working out a care plan to prevent admission.</p> <p>Undertaking home visits to ensure those people with MS who are physically unable to access clinics still have access to specialist advice and support. This group of people are often the most vulnerable to falls and infections and most likely to require unscheduled care if not receiving proactive, specialist input.</p> <p>Co-ordinating multi-disciplinary care: ensuring patients have access to neuro-rehab, psychological support and specialist help and thereby reducing the likelihood of crisis.</p>	<p>CCG / Health Board / Primary Care Network</p> <p>Acute sector (resources better utilised)</p>

Reduced length of stay in hospital	Visiting patients on wards and facilitating early discharge. Improves flows in the system greatly and enables patients to be treated in the right bed by clinical teams with the right skills.	Acute Trust
Reduced hospital readmissions	<p>Leading on discharge planning to ensure that discharge is well supported with any services necessary.</p> <p>Specialist MS skills to predict the risk of readmission, preventable by available interventions.</p>	<p>CCG / Health Board / Primary Care Network</p> <p>Acute sector</p>