

QuDoS Multiple sclerosis: NHS case studies 2019

Outstanding MS physiotherapist commendation

Your name, job title and centre

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Project / initiative name

Various initiatives, including establishing a 'duty' telephone service for MS patients, psychological support for team members and multi-disciplinary team working

Project start date

Range of services rolled out by the team across 2018 to 2019 and currently ongoing



Challenge

- Ongoing support is needed throughout the course of an MS patient's life, which is a long period of time to try and continuously maintain and improve quality of life; this requires a high level of support from MS teams
- Acute symptoms for infections (eg, urinary-tract infections) pose a continuous challenge
- Managing patient deterioration over time
- Carer management can also be challenging; there can be differences in terms of what the carer (frequently a close family member or spouse) believes is best for the patient and what the MS team would recommend

- Occasionally team members may be required to manage psychologically challenging issues (eg, suicidal patient interactions) when they are not trained specifically in the appropriate area (eg, mental health crises)
- Staff resourcing is always a challenge
- Responses to patient queries in short time frames

Solution

- A multi-disciplinary, flexible team has been developed that responds to patient needs quickly

Solution cont...

- 'Joined up' team working has been applied throughout the service; for example, where a patient meets a different healthcare professional each month, they are still part of the same multi-disciplinary team with regular communication between team members; this means that continuity of care can be experienced by the patient, without the entire need for support falling on just one individual (eg, nurse, therapist)
- In the case of carers, the multi-disciplinary team works closely with each other, speaking with both patient and carer (eg, in a group visit) and encourages positive changes that will improve the patient's life whilst also bringing the carer on-board with those decisions
- A telephone 'duty' service has been set up three times per week (two-hour slots each); a member of the professional care team is available to patients via the telephone and is ready to respond to any issues in real-time
- Psychological support is now regularly available for the multi-disciplinary team members, which is particularly helpful for those dealing with challenging patient mental health issues
- All team members have access to patient details, which further supports the 'joint team working' approach
- Networking between services has been increased, which has improved geographic coverage of MS services
- Hospitalised MS patients now receive rapid follow up after discharge
- The multi-disciplinary team is involved in equipment ordering (rather than solely being reliant on district nurses).

Results

- There has been positive feedback, especially related to team home visits (rather than patients having to go to clinics)
- There has been an increase in care support in terms of time spent with the patient and carers
- More cross-discipline information and insights has been gathered as a result of working as a multi-disciplinary team
- There have been improvements in working relationships with other services (eg, social services), which has allowed alignment of care plans and improved overall service for the patient
- Telephone 'duty' received a large patient uptake and positive response
- The psychological support has helped the care team to feel valued and supported in challenging scenarios
- There is now more communication between team members overall, which improves patient care continuity

Next steps

- Potentially launching the 'Attend Anywhere' initiative for virtual patient interactions (F2F but via a digital platform)
- Planned participation in MS Trust development courses, covering advance care planning and bladder scanning
- Insights gained from the MS Trust conference will be shared with the multi-disciplinary team, especially relating to management of PEGs and beginning patient conversations earlier (eg, discussing potential scenarios with the patient, such as in case of chest infections and palliative care decisions)
- Training to deliver botulinum toxin for patients with spasticity symptoms is also planned

What has been the biggest challenge?

Managing patient expectations about what the MS services can do (especially with lots of changes to the services).

How did you overcome this challenge?

The team has had lots of new ideas for supporting MS patients, especially by working with other services (eg, social services); communication has been key – patient issues are varied so team discussion is important. Patients (and their carers) feel supported and that their specific perceived needs are being met. Availability and responsiveness of the team has been crucial (especially for anxious patients and family) – often a reassuring response (via a phone call or visit) is all that is required. Being clear with patients about how they can be supported has worked well.

What would be your advice to others wanting to replicate your work?

- Work with colleagues that are already doing a role that you would like to offer, to gain first-hand expertise
- Establish close multi-disciplinary team working and communicate with colleagues
- Keep up-to-date in readiness for patient requests for information – be as informed as possible

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