

QuDoS Multiple sclerosis: NHS case studies 2019

Outstanding physician finalist

Your name, job title and centre

David Paling, Consultant Neurologist (MS Lead), Sheffield Royal Hallamshire Hospital

Project / initiative name

Multiple initiatives and improvements to the MS service over recent years



Challenge

1. The number of MS patients has been steadily increasing year-on-year, which means that services like blood monitoring are increasingly needed
2. The complexity of MS treatments has increased, and the treatment options are becoming more varied each year
3. Despite the above, available resources have remained the same – the service has more patients, with more complex treatments, and more treatment options than ever before, but the level of staff and resources hasn't increased in parallel
4. The service covers a large geographic area which means that patients have long distances to travel for treatment – this is especially challenging for patients who require blood monitoring

Solution

- Solutions have focussed on improving efficiency and responsiveness across the service
- A new DMARD co-ordinator was brought on board to streamline processes and free up time for nurses and consultants to do more clinic-based tasks (ie, spend more time with patients)
- MS Consultant led outreach clinics have been set up in most local district general hospitals and MS nurse led clinics have been set up in GP surgeries
- Blood monitoring services have been set up at local GP practices, which means that patients do not have to travel as far
- Staff aim to see patients as close to home as possible.

Results

- Feedback from patients has been very positive; they much prefer local services because it means less travel time, it's more convenient, and it can be a less daunting experience for them
- Travelling far for services can also be particularly challenging for patients from deprived settings; local services has helped a lot in this respect
- Finally, local services also help towards reducing the environmental impact of regular travelling for blood monitoring and other treatment visits.

Next steps

There are plans to speed up processes even further – working groups have been established to help with streamlining practices. The team is also working together to help with the increased workload in the infusion unit. There are plans to set up more symptom-based clinics (eg, for bladder, bowel, fatigue and pain issues), and there are also several research programs planned where new treatments will be investigated. For example, there are three new trials of MS medicines and one for stem cell transplant.

What was the biggest challenge?

Dealing with the increase in demand (increasing MS patient caseloads) with the same amount of resources.

How did you overcome the challenge?

Bringing a new DMARD Coordinator on board to look at processes and strip out any inefficiency was helpful; a new trainee pharmacist has also helped to make pharmacy processes more efficient too. However, it is a continuously ongoing challenge.

What would be your advice to others wanting to replicate this project?

Look at processes and keep asking the question 'do we need to do this?' and 'can we do it better?' Talk to the management team about extra staff who could help to streamline non-clinical time so that physicians and nurses can spend more time with patients.

Testimonial quote



From a nominator

David Paling has improved access and equity provision of care for people with MS in Sheffield and the wider area. He has been instrumental in developing services, alongside nurse colleagues, to provide a holistic approach to care of people with MS. He has guided and supported the nurses to introduce different aspects of care, such as providing acupuncture and joint-led continence clinics.”

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