





QuDoS in MS Recognition Programme

Nicola Hyslop, Outstanding MS Nurse Winner

Your name, job title, and centre

Nicola Hyslop, advanced Multiple Sclerosis nurse champion, North Cumbria Integrated Care NHS Foundation Trust

Project / initiative name

Advanced MS champion



Challenge

- made it difficult for those patients with advanced MS to be
- Through an MS Trust pilot scheme, background research illustrated that, although there are now fantastic opportunities for people to go on treatment much earlier, people that weren't in that category at that point have now developed much more complex needs, more physical symptoms, and have been unable to get into a clinic space anymore.
- have almost plodded on. They've just got on and managed themselves and have been hitting crisis point, which was

how we can best manage them.



"Often in this job, it's a small change that makes a big difference."

> Nicola Hyslop Outstanding MS Nurse Winner

Solution

Initially, I got handed a list of patients, started at the top, and worked down. It took a long time: I met them all individually to introduce myself, conduct a holistic assessment, and see where they were in their MS journey.

Because of my background as a community specialist practitioner, I already had links with the community multi-disciplinary teams (MDTs) and the Integrated Care Communities (ICC) hubs. I think I'm renowned now for saying, "I stamped my feet louder and harder, and I shout louder and harder than anyone else".

I will advocate for anybody that needs me to, to make sure that there's equality of care and service for them. They might have district nurses or physios involved, but, actually, what they need is someone to come in and coordinate all of that to ensure they're getting what they should be getting.

This approach has led to several key service improvements in order to create a better experience for patients living with advanced MS, including a pathway for patients with MS who have been admitted to acute services, which is currently under audit and is already improving communication between acute and community teams.

Results

I've had lovely feedback from patients and relatives because we are in this for not just the patient, but the relative(s) or the carers. For a lot of my patients, their family is their carer, or their carers become their family. So, it's about them knowing that the doors are open, that they can come to you when they need some advice or they've got some concerns and they've got a number they can ring, that they can email.

My area is 4,000 square miles. It's a big area, so we do utilise WhatsApp. We use text messaging, emailing, and phone calls. We use a software called Attend Anywhere, so we can do some visual links because often you can't necessarily drop everything and drive the two hours it takes to get to someone. I think that gives them confidence. Once they've got confidence in you, then they're more inclined to come back to you.

We've also conducted some education with ward staff. We did have a period of time where we didn't even know our patients had been admitted until weeks later when they were back home again. Often, it's right for the ward to ring you and say, "We've got one of your patients on the ward. Could you come and review them?" But sometimes it's not appropriate. Now, we've opened the communication between ward and community staff and, with the education that we've done, everyone has really come on board and been very supportive.

Next steps

I would like another five nurses! That would be the next step: who can we bring in? Can we bring that development role in for them? I love my job. I love the patients and the team that I work with, and to move it forward will likely require us to focus on being consistent and having the opportunity to bring in someone to develop them and for them to pick up the same role.

What has been the biggest challenge?

Some of the challenges are in relation to the GPs. Not in a negative way necessarily, but they have a tendency to just put everything down to someone's MS. I think it's about challenging that and going back and saying, "Actually, you need to see this person. Just because they've got MS doesn't mean they might have this," and getting them on board.

How did you overcome this challenge?

You've got to have some broad shoulders, and you've got to not be fearful of going to people and saying, "This is who I am. This is what my job role is. I really want to work with you to make this better. How can we do that?" Some have been very responsive, and some haven't.

I think once you've made a good change for someone – and it might be a small change – once they see that you are consistent and trying, they are more likely to get on board and go with you.

Now, I work with some really fantastic GPs that will come to me and say, "Nicola, can you come out and do a visit? We are just not sure", and I'll go back and then liaise with whoever we've got working with us at the time.

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

Be resilient, be brave, and enjoy it. We talk about baby steps a lot and to some of my patients I'll say, the smallest of change is a step. Taking that step together and supporting someone to do that and see that, actually, just because they're in a wheelchair, just because they're dependent on someone for everything that they do, doesn't mean that they don't have a quality of life.

Take a break.

Make a cup of something and enjoy an interview with, Nicola Hyslop winner of the outstanding MS nurse category.



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