

QuDoS in MS Recognition Programme

David Rog, Outstanding MS Physician Winner

Your name, job title, and centre

David Rog, speciality lead in neurological disorders
at Greater Manchester Clinical Research Network

Project / initiative name

Transforming MS for All



Challenge

- We all recognise that issues, such as a lack of staffing and limited resources, pose significant challenges in delivering services within the NHS, exacerbated by the COVID pandemic and its aftermath.
- There is a need to address the issue of resource allocation and ensure that existing resources are utilised efficiently to optimise service delivery and meet growing demand in healthcare.
- The Transforming MS for All audit highlighted three key areas for improvement: maximising influence to drive meaningful change in MS management, enhancing operational efficiency to streamline processes and optimise resource utilisation, and harnessing the potential of routinely collected data to support and enhance services provided to MS patients.

Solution

In terms of maximising influence for change, we've continued to engage with a variety of external stakeholders as part of the Transforming MS for All programme. These include patient groups, charities, various NHS institutions coming out of NHSE, professional groups, the ABN therapists in MS, the pharmacy association, and so on. Really, we've been trying to align and identify the programmes that will affect change.

For example, NHS England recently launched a dashboard for neurological services off the back of the Getting It Right First Time, the GIRFT initiative and Transforming MS for All has been able to – and continues to – contribute to that process in terms of some MS-specific elements. That would be the first plank, if you like, in terms of influencing change.

Regarding operational efficiency, we have identified eight projects off the back of the Transforming MS for All audits. Essentially, some of those projects involve defining the roles and responsibilities of the various MS professionals that comprise the teams, identifying the fact that different teams have different compositions, and looking to see how we can expand the number of staff working in MS over time.

Results

We wrote up the audit in the form of a short report and shared that report widely with the stakeholders. So, not just with the patient societies and some of the professional groups, but also some of the MS pharmaceutical companies, and it's been obvious that, whilst we don't have a monopoly on good ideas, certainly some of the ideas may have come from a variety of sources.

Nevertheless, we've seen some of the recommendations that we've made in the report actually start to become embedded within the strategies, if you like, of other organisations. We've seen that there have been meetings that have been looking to nurture the next generation of MS consultants, for example, to support them in terms of developing business cases, and creating new roles, which will directly benefit people living with multiple sclerosis.

Moreover, colleagues have said that they've used some of the data that we've generated from the report in terms of their business cases. For example, we identified that, on average, there was about a 10% increase in this MS caseload in an average service. We've also been able to describe an average service, as well, because that really hadn't been something that was determined previously.

In the 70 centres that we identified, the average service is around 1,500 people living with MS, but, with the services we surveyed, the smallest service was fewer than 100 people living with MS, up to 5,500 people living with MS at the time. Colleagues have said that they've used some of the data from the report and the audit to inform their business cases.

Next steps

We've soft-launched phase one of the Transforming MS for All website, which is the public-facing part of the website. Now, we are working on phase two of the website, which will be the members' section. This will focus on sharing best practices and facilitating communications, so, there are a number of different elements to that, including a documents repository service map, and a forum for discussions around sharing best practice and service development.

We're also configuring a meeting of the transforming MS rural community in the autumn, which is going to focus on updates in terms of where we're at setting priorities for the future, but also looking at sustainability, so, that's been one of our key factors, really. In terms of the current climate with finite and increasingly pressurised resources, how do we continue to sustain MS services?

What has been the biggest challenge?

The biggest challenge, actually, is a lack of resource to do this and the lack of alignment in terms of the resource that is available within the MS space. One of the reasons we were able to complete the audit was largely because we did this during lockdown.

How did you overcome this challenge?

We were basically meeting every week during the lockdown period to try and progress this. Psychologically, I think we found that very helpful because it gave us a focus during a very difficult situation. Obviously, what we wanted to do was to emerge out of lockdown stronger and perhaps better aligned than we had been going into lockdown, which I think we've managed to do.

In retrospect, we wouldn't have been able to complete this audit, or indeed, the subsequent actions from the audits, without actually having that time.

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

We've all put our hands up at various different times to do elements of the work, but I think first and foremost, it can be done. I think it requires an awful lot of effort and coordination and it would depend. If you wanted to do a national audit, for example, I think the important thing is to get down to the grassroots, to the coal face where audits have been done previously.

I think this was very much a bottom-up approach, really, where we had a number of pre-existing professional networks with MS consultants, MS nurses, pharmacists, and coordinators, and we were able to exploit those pre-existing relationships. I think that's the way to start this – very much bottom-up, but utilising existing professional networks and then trying to formalise that.

Take a break.

Make a cup of something and enjoy an interview with David Rog, winner of the outstanding MS physician category.



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