

# MS Services in Worcestershire:

## Aims/Objective

As part of a overall improvement strategy for countywide MS service analysed key data from all out patient and in patient sources.

We compared ourselves against national data and NICE guidelines.

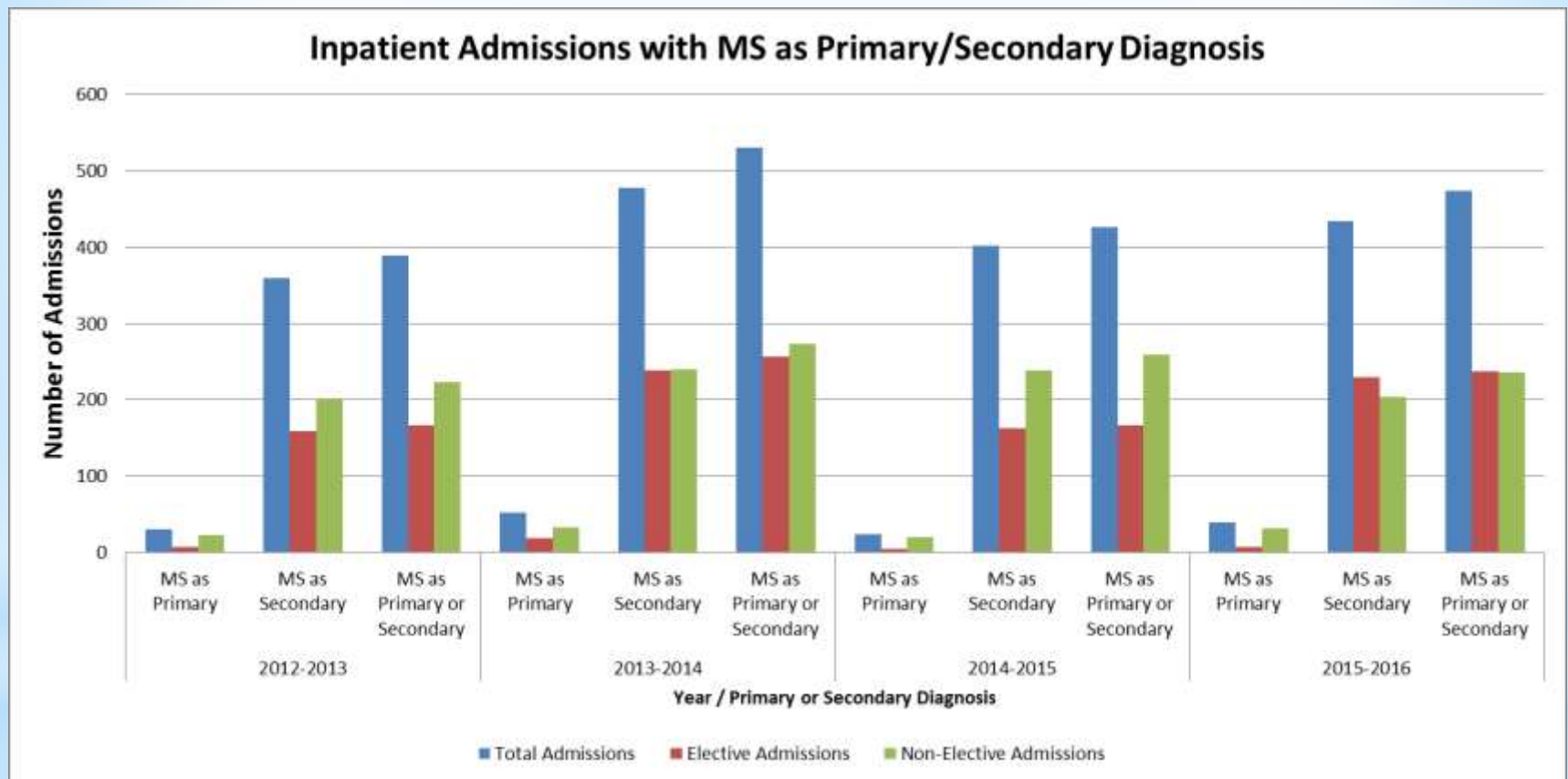
We sought contributions from all stakeholders:

- Acute Trust/CCG/Health Care Trust/Business Manager

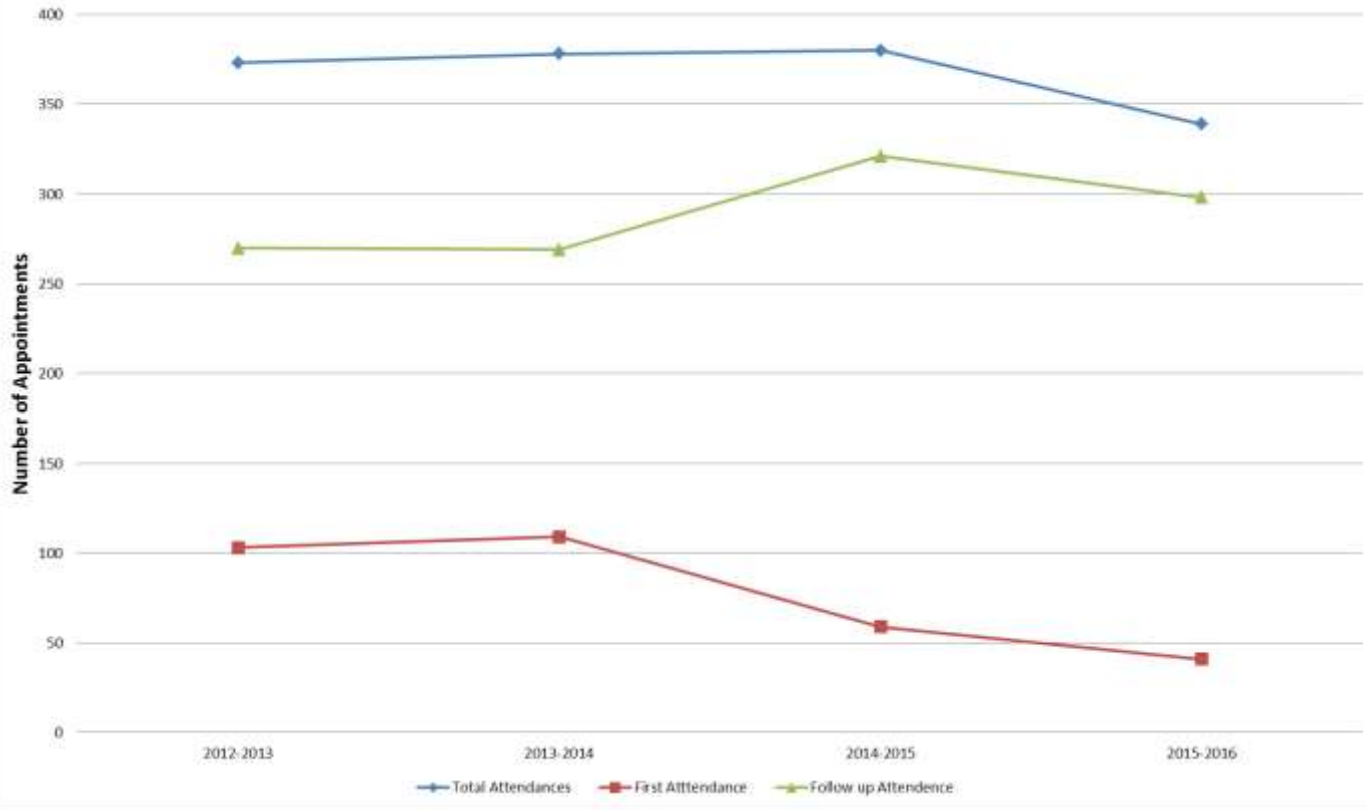
<b>Population</b>	<b>600,000</b>
Diagnosed	1020
Treated	327



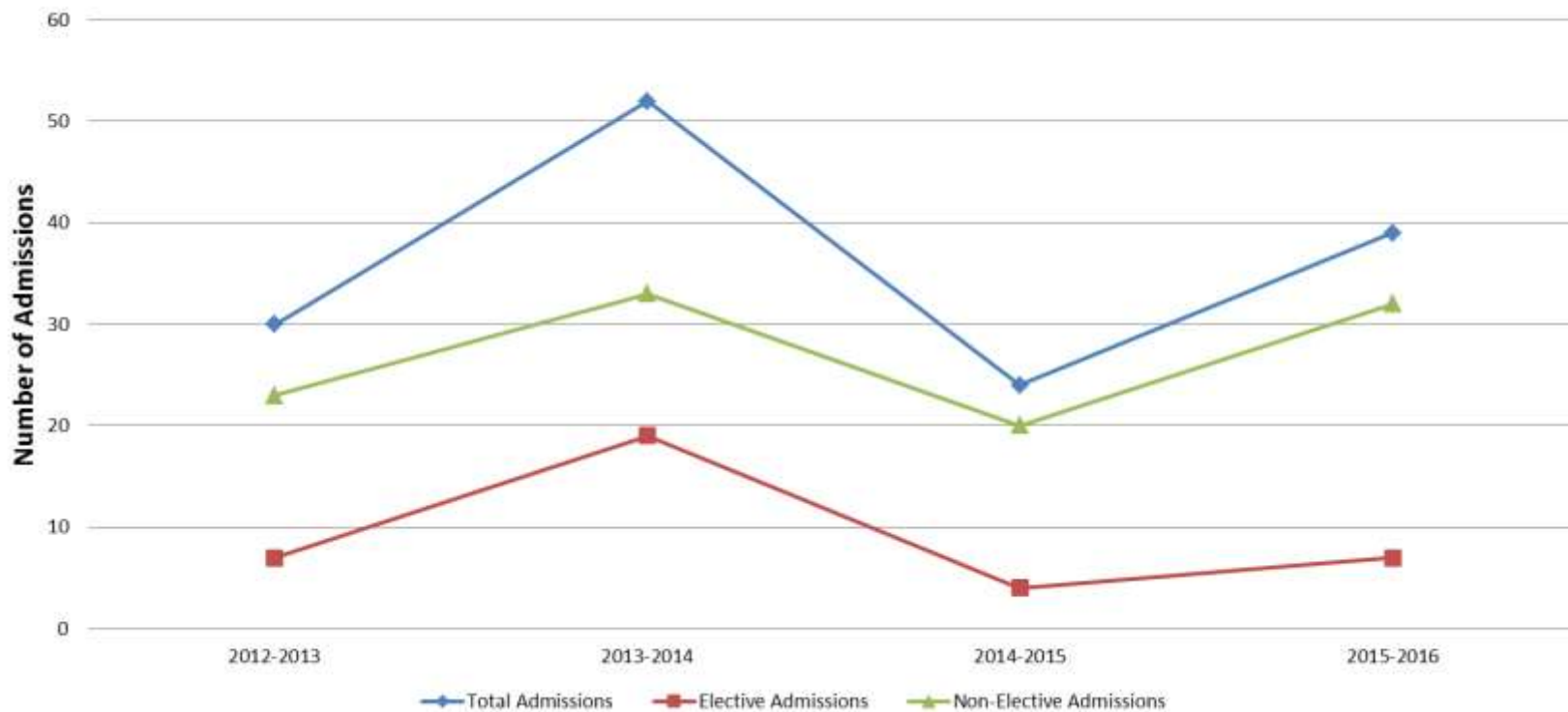
# MS Services in Worcestershire:



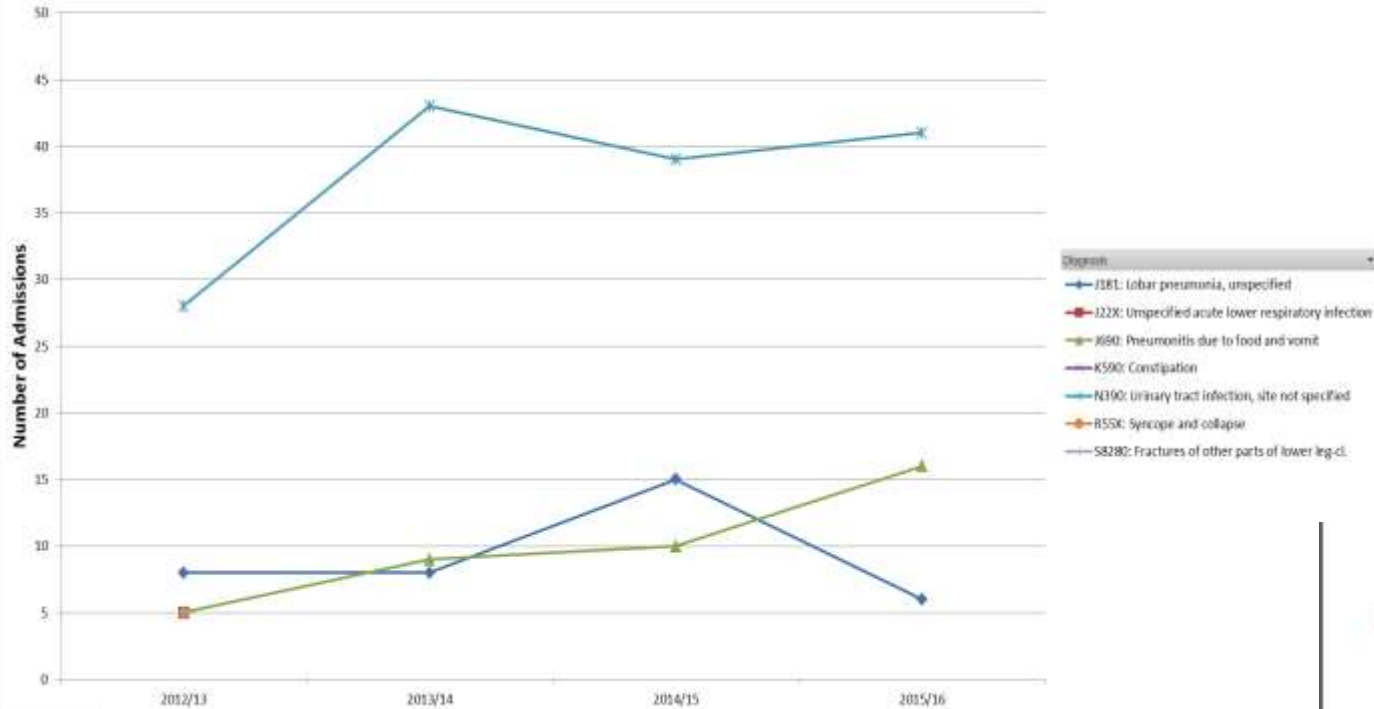
### Neurology Outpatient Activity for MS Patients



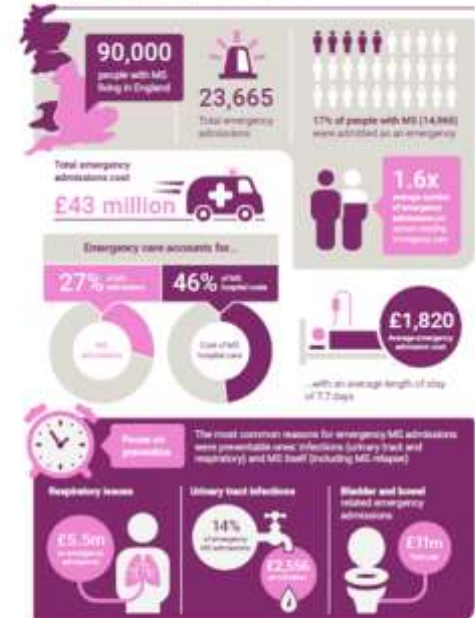
### Inpatient Admissions with MS as Primary Diagnosis



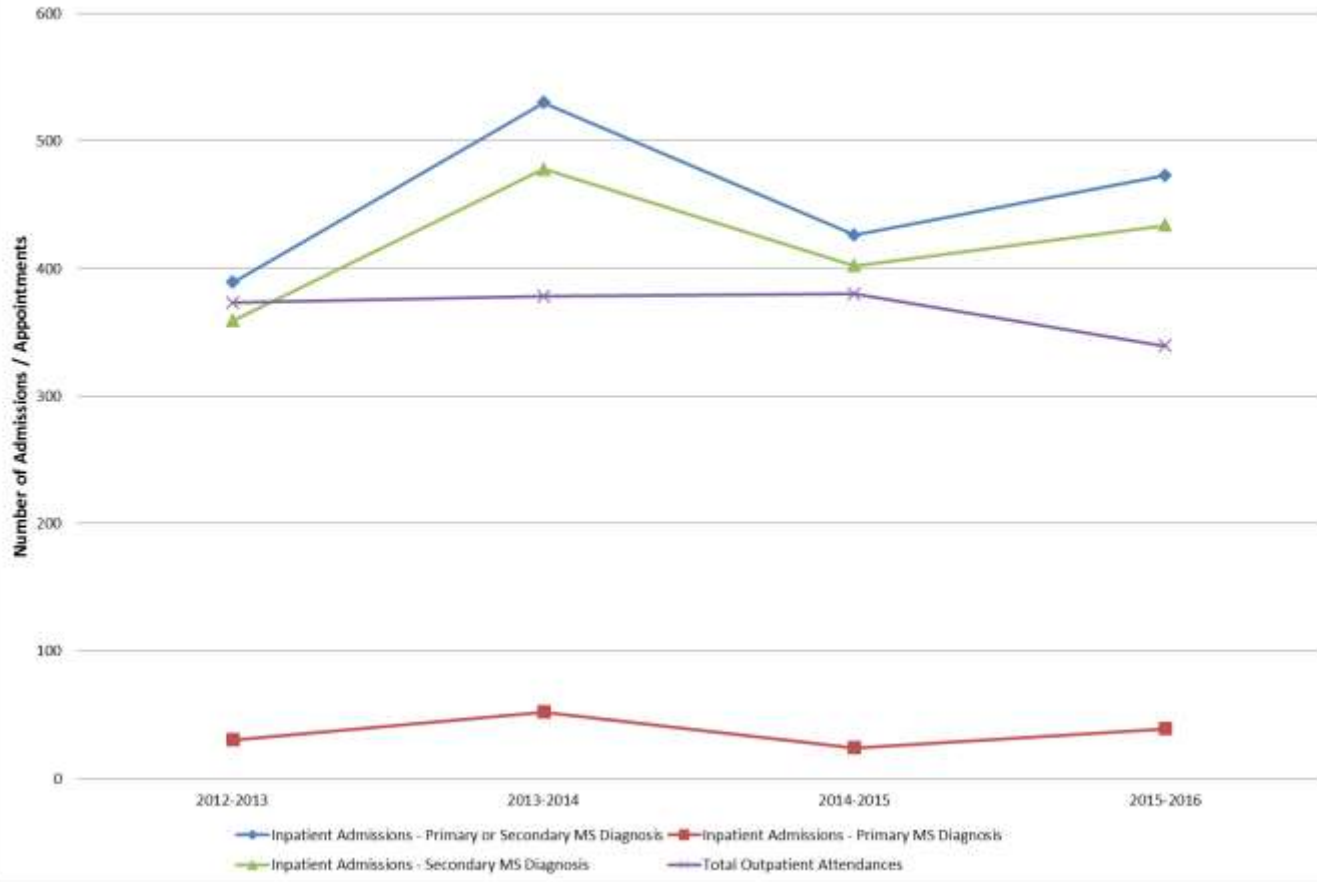
### Most Common Primary Diagnoses for Non-Elective Admissions



### Multiple Sclerosis in 2013/14

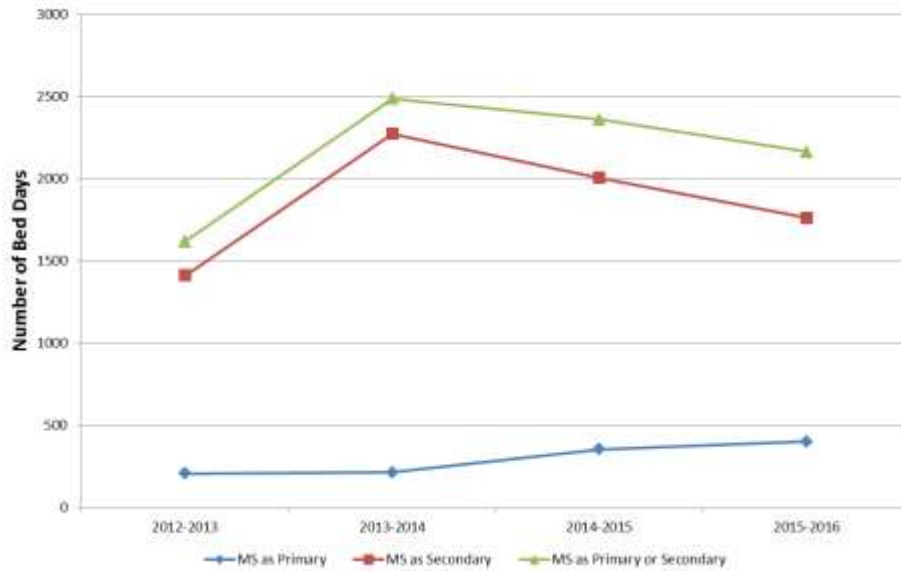


### Inpatient/Outpatient Activity for MS Patients

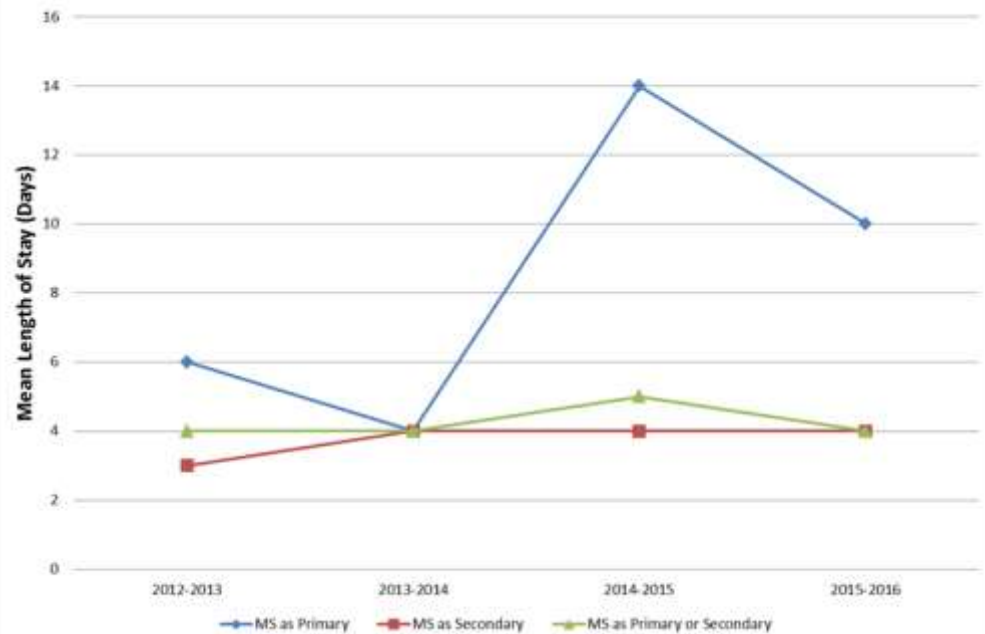




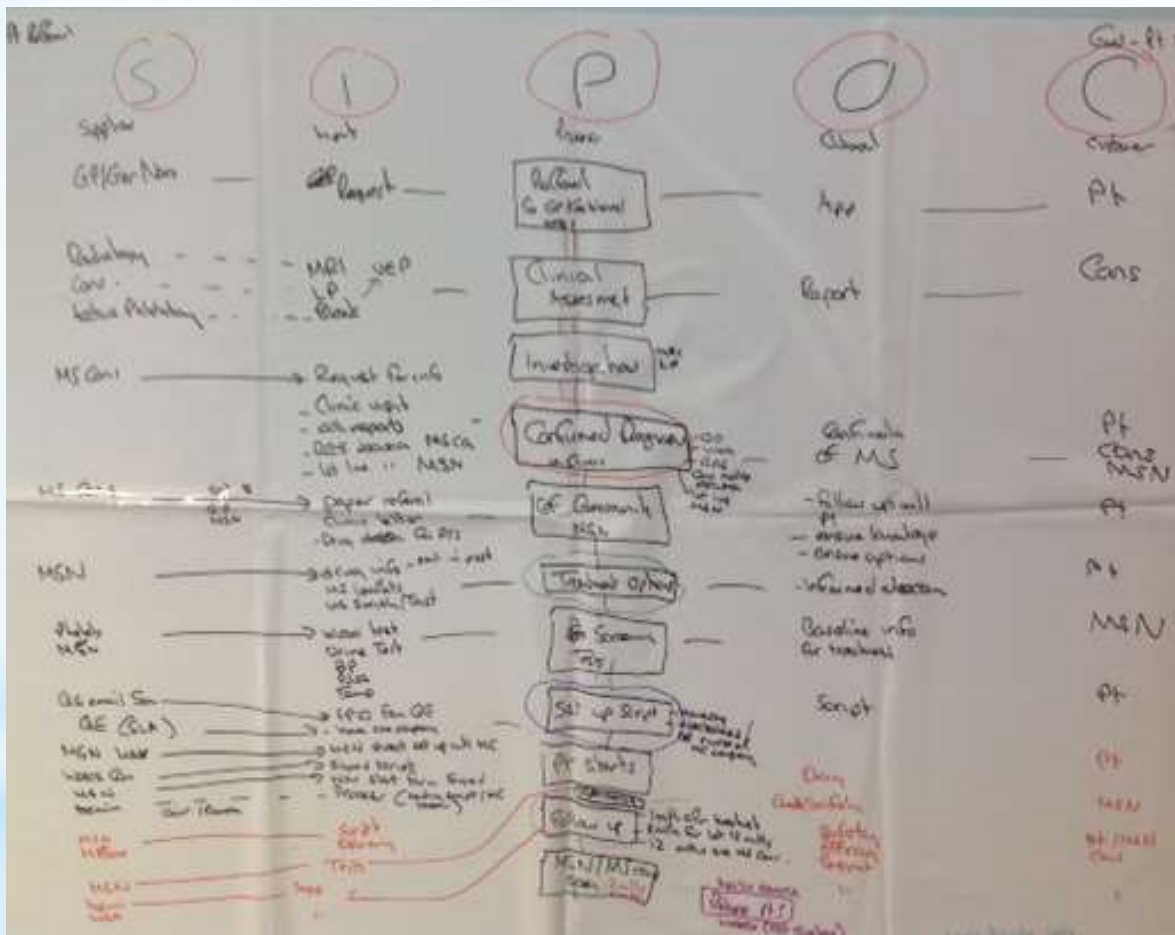
### Total Bed Days for Patients with MS as Primary/Secondary Diagnosis



### Mean Length of Inpatient Stay in Days for MS Patients



# MS Patient pathway



MS patient flow

Referral

Diagnosis

Treatment

Follow up



Patient VOC	ISSUE	CTQ
I can't speak to my MSN	- Time - Access	- carrying volume with 24h - 80% returned with 48h - 100% return with 48h
It takes long to get phone calls returned	- Warned - Time - Waiting - impact - Not feeling important	↑
If my MSN is away I have noise to call	- Scored - Frustrated - Stressed	- 100% of pts are covered by an alternate MSN - 100% of pts are covered by an alternate MSN
I feel my GP is not able to offer the level of advice or care I need	- Frustated - level of care - Managing my disease - Support / Specialisation	- GPs have relevant skillset - provide specialist expert - 100% adherence to NICE guidelines
I have to wait long time for an app of access	- Time - Access - Annual status	- 100% adherence to NICE guidelines - no GP that just sign
The journey to GP is unacceptable	- GPs location - Staff - Booking (another has to be there)	- local clinic for first treatment - option for pts to choose time - virtual access
The process of time taken to diagnose or treat is really long	- Disease progression - Mutation - Clarity of Process - Expectation Mgmt	100% pts → adherence guidelines
The treatment process is long and can be misleading	↑	- 100% adherence to NICE guidelines - local clinic access - 100% adherence to NICE guidelines
I have had to wait so long I feel my disease is getting worse	↑	- 100% adherence to NICE guidelines - local clinic access - 100% adherence to NICE guidelines
I had a relapse I can't get access especially weekend or if my MSN is away	- Access - 24h out to book A&E	- 100% adherence to NICE guidelines - local clinic access - 100% adherence to NICE guidelines
I don't want to be a burden on the MSN	- Access - 24h out to book A&E	- 100% adherence to NICE guidelines - local clinic access - 100% adherence to NICE guidelines
I want to be able to get access to my MSN	- Access - 24h out to book A&E	- 100% adherence to NICE guidelines - local clinic access - 100% adherence to NICE guidelines



## Voiced opinions patients and stakeholders

- Patient
- MSN
- Consultant

## Quality marker:

### Is there a barrier to Lemtrada therapy?

- 11 Lemtrada patients (34 Tysabri)
- Mean time to tertiary opinion 3m
- Length of diagnosis - 3m to 10 yrs
- Time to Lemtrada
  - 4 to 32 months
  - Outliers - Centre transfer/pregnancies

# Conclusions:

- No local IV support/access (3w NICE)
- No formal relapse clinic
- NICE time to DMT treatment
- Blood monitoring issue
- Access to data
  - MRI
  - Inter-Trust
- Non-elective above average bed days
  - URTI/UTI
  
- Tertiary referral time may reach 12m

# Next steps:

- Defined
- Measured
  - Continue with Lean 6
- Analyse
  - Complete analysis/mapping
- Improve
  - Select Solution
    - Resource MSN/MS Consultant
    - Local clinics
    - Proactive management
- Implement Solution
  - Ensure continued monitoring of MS service
- Communication
  - Key stakeholders informed and involved

