



Draft - MS Service Provision in the UK; the Way Forward

1 & 2 November 2018 - Park Regis Birmingham

Objective: To find creative solutions to reduce the variance in the provision of MS services across the UK

Background: Variance in MS Services, for example, access to and the prescribing of disease-modifying therapies, have been well documented across England by surveys performed by the MS Society, MS Trust and the RCP. This has been backed up by data presented at the ABN in Birmingham from the NHSE Bluteq database. We and others feel this is a problem for people living with MS and is a barrier to improving outcomes for pwMS being managed by the NHS in England. To address this problem we propose holding an initial meeting of representatives from MS DMT prescribing centres across England. The aim of the meeting is to generate ideas and proposals to address and solve this problem. We envisage holding subsequent follow-on meetings to implement and test potential proposals developed as a result of this meeting.

Chairs / Steering Committee: Gavin Giovannoni, David Rog, Gordon Mazibrada and Jeremy Hobart

Target: MS Prescribing Centres in the UK - 90 but estimate ~ 50 will respond (2/3 per centre)?

Numbers: 100~120 (max estimate) first come first served basis, but to limit the number of people from each prescribing centre to no more than two people.

CME Points: 6 points

Registration: [Online](#)

Programme: Draft

Day 1 - Arrival (1 November 2018) - Park Regis Birmingham

16:00 Welcome and Introductions - **Gavin Giovannoni** (Professor of Neurology, Barts and The London)

16:10 Defining the problem - **Gavin Giovannoni** (Professor of Neurology, Barts and The London)

16:30 Variation in healthcare provision. Warranted and unwarranted - **Charlie Davie** (CEO UCLP)

Objective: To introduce the concept that variation is not all bad and possibly necessary as a driver of competition and innovation. How can we harness variation in the NHS to drive improvements in care for people with MS?

17:00 Lessons from Cardiac Surgery - **Ben Bridgewater** (CEO Health Innovation Manchester)

Objective: To use the example of cardiothoracic outcomes as an example of variation in the NHS and how to use metrics/national audit data to improve outcomes. How can we learn from other areas to drive change in the care for people with MS?

17.30 GIRFT - **Geraint Fuller** (Clinical Lead GIRFT, Gloucestershire Hospitals NHS Foundation)

Objective: To explain what GIRFT is and how we can potentially use the GIRFT Programme to improve the quality of care for people with MS within the NHS by reducing unwarranted variations, bringing efficiencies and improving patient outcomes. Could MS be a 'vanguard' of the GIRFT programme in neurology?

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18:00 Discussion

18:45 Pre-dinner drinks

19:30 Dinner

20:00 Dinner speech (**TBC** - MP or DoH Representative)

Objective: To give a Government/Department of Health perspective of what policies are in place and being considered to help reduce postcode prescribing and variation in care.

Close Day 1

Day 2 - (2 November 2018) Formal Programme

08:00 Registration

08:30 Update from day 1 - **Gavin Giovannoni**

08:40 Variance in MS Service Provision - MS Society's Perspective (**Georgina Carr**, Head of Campaigns and External Relations, MS Society)

Objective: To give the MS Society's perspective on variance of care in England and the UK. The focus of this presentation should be on what the MS Society is doing and is planning to do to help reduce variation in healthcare for people with MS.

09:00 Variance in the provision of MS Nurse Specialists - MS Trust (**David Martin**, CEO MS Trust)

Objective: To give the MS Trust's perspective on variance of care in England and the UK. The focus of this presentation should be on what the MS Trust can do via the MS nurse specialist network and its information platform to reduce variation in healthcare for people with MS in the UK.

09:20 A patient's perspective - **George Pepper** (MSer and founder of Shift.ms) and other MSers

Objective: To give the patient perspective on variation in MS services and how patient networks can be used to press for change.

09:40 NHS Perspective - **Adrian Williams** (Chair Neuroscience CRG)

Objective: To give the NHS perspective on variation in care for people with MS and the plans NHSE has to address this problem.

10:10 Refreshment Break

10:30 The NHSE DMT Treatment Algorithm - **Waqar Rashid** (Neurologist and member of the ABN MS Specialist Interest Group)

Objective: To represent the Association of British Neurologists' perspective and the potential role the NHSE DMT treatment algorithm can have in reducing postcode prescribing.

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10:50 How will Bluteq contribute to reducing variance in DMT prescribing - **Malcolm Qualie** (NHSE Chief Pharmacist)

Objective: To explain what Bluteq is and how NHSE can use it to reduce variation in the prescribing MS DMTs.

11:10 MS MDTs as a vehicle to improve variance - **David Rog** (Consultant, Neurologist, Manchester)

Objective: To define what a multidisciplinary team meeting is and how it can be used locally, regionally and nationally to reduce variation in the prescribing MS DMTs.

11:30 Influencing commissioners - **Jerry Clough** (Programme Director at OPTUM)

Objective: Do commissioners have the power and influence to reduce unwarranted variation in MS services within the NHS. How can we use commissioners to achieve a positive outcome.

12:00 **Lunch**

13:00 The role of the MS Pharmacist - **Joela Matthews** (Neuroscience Pharmacist, Barts Health NHS Trust)

Objective: Do pharmacists have the necessary influence to reduce unwarranted variation in MS prescribing within the NHS. How can we use the neuroscience pharmacist network to achieve the necessary changes?

13:20 The use of databasing as a tool to tackle variance - **Neil Robertson** (Professor of Neurology, Cardiff)

Objective: How can we use local, regional and national databases to reduce variation in prescribing and neurological practice in the NHS. Is there a case of mandating a national MS register? Can we learn from countries such as Sweden and Denmark who have national registers?

13:40 Implementing the NHSE stopping criteria for DMTs - **Gordon Mazibrada** ((Consultant, Neurologist, Birmingham)

Objective: To review NHSE proposed stopping criteria for DMTs. Are these reasonable and can they be implemented at a national level equitably?

14:00 Inappropriate variation in healthcare - what's the problem and how can we address it"? - **Penny Dash** (Director McKinsey London & Lead for Healthcare in Europe)

Objective: What can we learn from the private and business sectors about reducing inappropriate variation in healthcare. Can we learn from other organisations, for example the Cleveland Clinic or Kaiser Permanente, about how to implement systems to reduce variation in healthcare? What solutions are appropriate for MS?

14:30 **Refreshments**

14:50 Audit and quality improvement tools to reduce variance - **Jeremy Hobart** (Professor of Neurology, Plymouth)

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Objective: What quality improvement tools are available in the MS space to improve quality of MS care?
How feasible is it to use these in the NHS.

15:15 Three breakout groups - Brainstorming to come up with local/regional solutions to reduce variance

Group 1 - Gordon Mazibrada

Group 2 - David Rog

Group 3 - Jeremy Hobart

Objectives: The breakout sessions are really to allow open discussion in smaller groups and to hopefully come up with some suggestions on what can be done to reduce unwarranted variation in the NHS.

16:15 Feedback from breakout groups - **Gordon Mazibrada, David Rog & Jeremy Hobart**

Objectives: To get feedback from the breakout groups and to collate and prioritise potential action points.

16:55 Closing remarks, next steps and departures - **Gavin Giovannoni**

Objectives: To summarise the key points from the meeting and to propose potential next steps. Confirm date of follow up meeting.

17:00 Close of meeting