



Developing an Integrated Multidisciplinary Care Pathway for MS in Hull, UK: Process, Application and Transferability

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Introduction

Neurological Commissioning Support (NCS) is a non-profit, voluntary sector-led organisation. In 2013 we developed and piloted, in partnership with the specialist multidisciplinary MS team in Hull, England, an integrated care pathway (ICP) for MS to streamline and improve care outcomes for people with the condition in this locality but also have wider application for any other specialist MS service. Work on differing elements of the pathway is ongoing.

ICPs are designed to improve the quality of care, efficiency and service planning by commissioners which the NHS in England is currently promoting. Development of ICPs however is frequently viewed by clinicians as complex to achieve.

Objectives:

We aimed to produce a single integrated multidisciplinary care pathway that would identify care requirements in a person with MS from diagnosis through to end-of-life care across a geographically diverse area.

Background

Development of the initial pathway took place within the acute hospital provider trust but also encompassed the five geographically diverse Clinical Commissioning Groups (CCGs) that use MS specialist services from Hull. Development of the pathway was initiated because the service delivered to people affected by MS needed to develop greater efficiencies in order to be both proactive and reactive to need as well as seamless across health and social care.

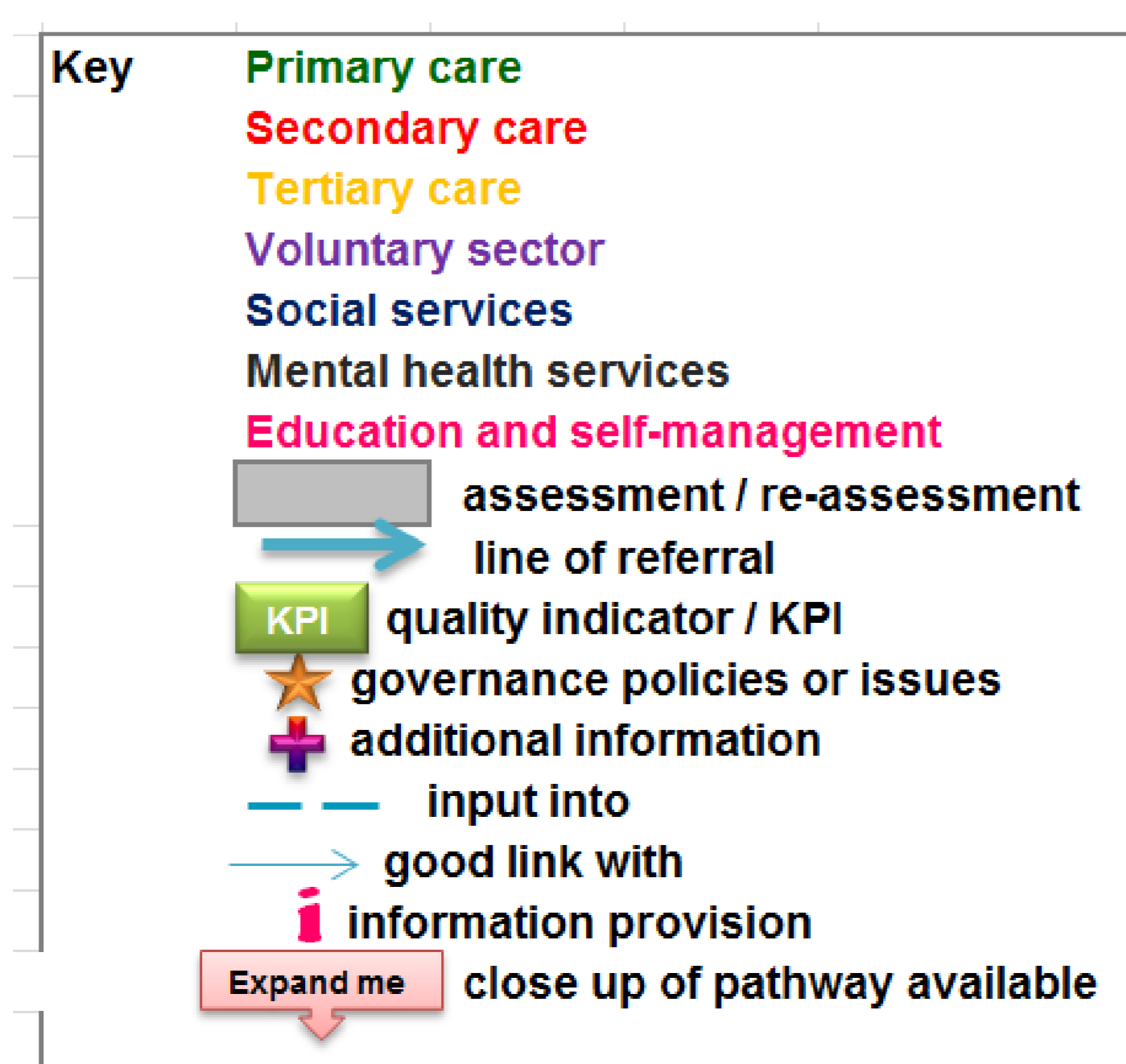
The geographical boundaries of the area are challenging and meeting the needs of five differing commissioning areas had resulted in duplications and inefficiencies in the system. This was consistent with a National Audit Office report which had highlighted a national failure to improve neurology services (NAO 2011).

Hull and East Yorkshire hospital works with the following commissioning groups

- NHS East Riding CCG
- NHS Hull CCG
- NHS North Lincolnshire CCG
- NHS North East Lincolnshire CCG
- NHS Scarborough CCG



Fig 1. Map of the area



Methods

Drawing on previous work into creating ICPs, our research included use of population data, hospital admission data and consultation with groups of multidisciplinary professionals and patients. Process mapping was used to identify current care pathways within the Hull provider area and illustrate where services could be streamlined and improved for greater service efficiency and better patient outcomes. Separate pathways were developed across the main areas of MS care, for example at diagnosis, the introduction of disease modifying therapy and rehabilitation. Common problems patients experienced that had resulted in the need for medical and nursing intervention were also identified. Pathways were also developed for these areas and included relapse and urinary tract infection pathways.

Results

The pathway has been developed to improve services in Hull but the process is also transferable and has enabled other clinicians to understand the process for development. This pathway clearly demonstrates where

service improvements and improved patient outcomes can be made. Researching and creating an ICP can reveal:

- good practice,
- where patients perceive quality,
- simple solutions to inefficiencies.

For example hold-ups were identified following diagnosis in the length of time taken to access an MS specialist nurse appointment. Delays were mainly administrative – because of the time taken to process nurse referral through the administrative system. A fast track urgent referral for a nurse appointment has been initiated so that a newly diagnosed patient can be seen in a dedicated clinic within 14 days.

Patients also stated they valued their independence and understanding how they could self manage their own condition more. The MS nurses were unable to run a newly diagnosed MS course regularly but having identified the importance of these the trust has now put a tariff in place for these courses so that they can be factored into routine care.

For the first time this pathway documents all the care and processes for providing support to people with MS in one place. It identifies areas where greater efficiency and patient outcomes can be achieved. By identifying and documenting the entire pathway, from diagnosis to end-of-life care, the project enables clinicians and everyone involved in MS care, including the patient, to understand what best practice in MS care looks like, enabling MS services in Hull to achieve the trust's strategic objectives for 'Safe, High Quality Effective Care'.

This work spearheads work on the development of an integrated pathway for MS nationally in England and will enable Hull to be viewed as a leader nationally. It has been highlighted as a model for service development that other national provider trusts wish to emulate and other Trusts are now developing similar pathways.

Barriers

Certain barriers hindered the development and implementation of the pathway and these should be recognised to enable others to recognise what might impede progress:

- Limited clinician time and capacity
- Resistance to change & involvement in the work
- Poor commitment and leadership
- Poor communication and coordination between MDT

Conclusions

- ICP development overall is time consuming and some aspects more challenging than others to implement
- Behavioural as well as service change is therefore essential for implementation
- To aid transferability the methodology for this development has been documented into manageable steps accompanied by practical online resources.

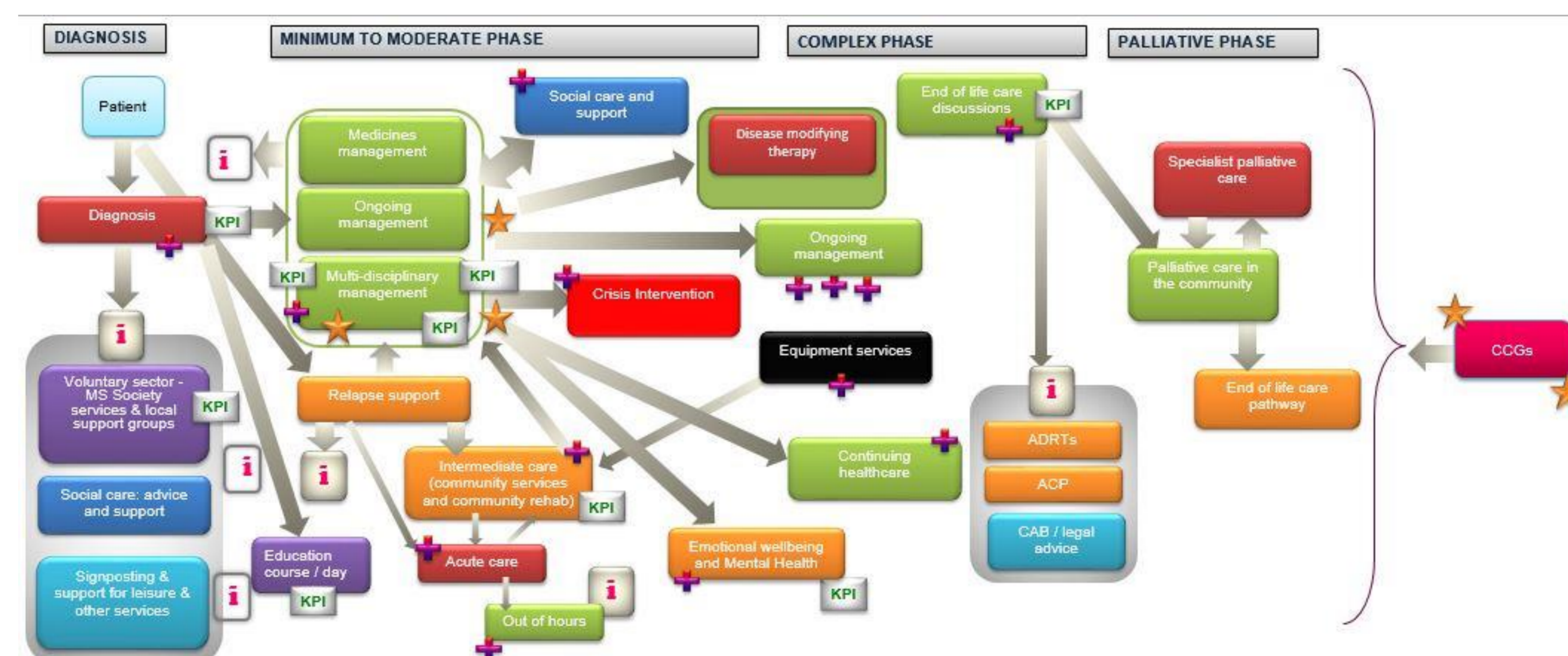


Fig 2. Pathway overview