How to improve patient centered care with increased cost effectiveness

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**Introduction:** In late 2006 all specialists nurses within our Trust were asked to review their services and to promote service development. An audit was carried out on follow-up outpatient appointments in general neurology clinics and found that a significant number of MS patients were attending routinely. Many were also attending MS nurse (MSN) led clinics, duplicating services and increasing costs. Surprisingly a significant number were unknown to the MSN and were unaware of our valuable service. The MS service, as a whole, was largely Neurologist led, accessibility was not patient friendly and links with other statutory and non-statutory bodies were fragmented.

**BEFORE – Neurologist led**

- Non Statutory organisations
- Therapists
- Social Services
- GP
- Neurologist
- MS Nurse
- Other specialist providers
- Neuro-rehab

**Actions taken:** We have radically changed the service to the MS patient creating a partnership with their MSN, promoting awareness and self-care.

- Patients are now referred to MS service at point of diagnosis.
- The patient is now only reviewed by the Neurologist if they are receiving DMT or if considered necessary by the MSN.
- We have introduced a relapse management clinic.
- Increased clinic capacity by adding more outreach clinics, some “out of hours” appointments, and are investigating various models of telephone clinics.
- Resulting in a reduction in home visits.

**Outcomes and Patient feedback:** This proved to be very cost effective both for the Trust and the PCT.

- Appointment slots in general Neurology clinics have been freed up. Prior to the changes, an audit of one Neurologists OPA’s revealed 96 MS patients had routinely been seen in general neurology clinics in one year. Therefore, as our Trust has 8 neurologists a significant number of appointment slots have been made available to general neurology patients.
- MS patients did not feel that their care had been compromised, and they appreciated the holistic approach to their management which specialist MSN’s are more able to deliver.
- To demonstrate this, we audited patient opinion on our delivery of care. The results of this audit were very positive.

**AFTER – Patient/ MS Nurse partnership**

- Non Statutory organisations
- Therapists
- Social Services
- GP
- MS Nurse
- Neurologist
- Other specialist providers
- Neuro-rehab

**Quotation from Houses of Parliament Review on Neurological services:**

“As a result we were able to define a service which was built not round a neurologist but around the MS nurse. It was clear—we had good evidence to show this—that where you put MS nurses in, admissions dropped and the number of patients referred to clinic dropped. The MS nurses were doing it much better than we were, so we said, ‘Right. That’s it. We’ll build our service around the MS nurse.’ Now, whenever a patient in East Kent is diagnosed as MS they are sent into a system where they meet the MS nurse who becomes their navigator. That is their lifelong friend. Now it is slightly different from being a key worker, because a key worker can change, depending on what the problem is. A key worker if you have incontinence would be the continence nurse; if you got a problem with social services, it would be the person with the particular experience there. The navigator—the MS nurse—is able to say, ‘I can sort your problem, or I know somebody who can.’ It has been dramatically successful—it got a national award and we are extremely proud of it.”

- PUBLIC ACCOUNTS COMMITTEE, SERVICES FOR PEOPLE WITH NEUROLOGICAL CONDITIONS, WEDNESDAY 18 JANUARY 2012, STEVE FORD and DR STEVE POLLOCK

**Conclusions:** The service we are now delivering is primarily patient centred and provides greatly increased patient satisfaction. In doing this we have been able to significantly reduce patient admissions and consequently costs, reduce clinic waiting times in particular those of the Neurologists, and make the service much more readily accessible to patients.