Hounslow and Richmond Community Healthcare NHS Trust

An Integrated Care Pathway for People with MS in Richmond

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Definition

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- ‘An **Integrated care pathway** (ICP) determines **locally agreed multidisciplinary** and **multi-agency** practice, based on **guidelines** and **evidence** where available for a **specific patient/client group**. It forms all or part of the **clinical record**, **documents the care** given, and **facilitates the evaluation of outcomes** for **continuous quality improvement**.’

Overill: 1998


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NHS Trust
Richmond Rehabilitation Unit
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Why do it?

One single pathway…

…relevant to everyone…

…across all disciplines…

…including all aspects of care…

...from diagnosis to end of life.

Why did we decide to do it?

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- To provide a consistent patient pathway from onset of symptoms to end of life. Currently this is a very confusing and inequitable experience for patients, including people lost to follow up, recurrent emergency admissions for preventable episodes
- To facilitate Patient access to appropriate, responsive & timely health & social care services very varied- needing Joined up care
- To enable Patients & carers to be involved in managing their disease and decisions around their care needs
- To identify services that were lacking – neuropsychology/Sexual dysfunction clinic

TO CHANGE THINKING TO BEING PROACTIVE, PREVENTATIVE, EDUCATIONAL

Why did we decide to do it?

- To meet all relevant staff & engage/impassion them in improving care for MS
- To ensure access to emerging treatments for MS which are improving long term prognosis, reducing disability & improving outcomes(reducing costs to patient, Health & Social care)
- To design and implement a gold standard ICP in Richmond using national standards for MS
- To identify funding needs for MS services

TO CHANGE THINKING TO BEING PROACTIVE,

PREVENTATIVE, EDUCATIONAL

CASE STUDY 1

At Referral to MS Nurse

- Female 54yrs old Dx Primary Progressive MS with General Neurologist 2012
- She was told NO treatment available & she had a poor prognosis of 13yrs with a rapidly increasing disability
- London Banker- she changed work to more local and had ++ sick time off work
- Tearful, angry, confused, very low mood, depression, cognitive changes
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An integrated pathway would have ensured that NICE & local guidance were implemented & all the specialist disciplines involved at relevant points, influencing optimal care and improving outcomes!

Post Specialist intervention

- seen by CNRT MS nurse 2012- relapses identified – MS nurse suggested 2nd opinion by MS Neurologist.
- Referred to OT, Dietician, Neuro-physio (CNRT)
- Seen by MS neurologist 2012, Re-diagnosed with Relapsing Remitting MS
- Patient NOW eligible for Disease modifying therapy (DMT) so started on treatment

- **Fatigue much improved since starting on DMT & attending Fatigue Course**

ONGOING REVIEW BY THE MS NURSE- PATIENT CAN ACCESS ADVICE/SUPPORT FOR CHANGES IN THEIR MS AND ONGOING REFERRALS AS AND WHEN NEEDED

At Referral to MS Nurse:

- Male 56yrs old, Dx Relapsing Remitting MS in 2000 (relapses with recovery), rediagnosed Secondary Progressive MS in 2011 (relapses but with progression)
- Not seen by a Neurologist from diagnosis in 2000 to 2011 (NICE Guidance for MS 2003 –Neurology annual review) (Advent of Disease Modifying Therapies DMT in 1998)
- 2011- Patient has not had access to any DMTs for RRMS so
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- MS nurse referred patient to Community matron , Neurologist, Podiatry, Continence Nurse

CASE STUDY 2

Post Specialist intervention

- Patient & his wife taught safe lifting, handling & transferring.
- Adaptations now in place in the home incl wheelchair to go outside
- Patient given education & written information on his MS incl

An integrated pathway would have ensured that NICE & local guidance were implemented & all the specialist disciplines involved at relevant points, influencing optimal care and improving outcomes!

ONGOING JOINT REVIEW BY COMMUNITY MATRON & MS NURSE- PATIENT CAN ACCESS ADVICE/SUPPORT FOR CHANGES IN THEIR MS AND ONGOING REFERRALS AS AND WHEN NEEDED

Benefits of Integrated Care

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- **Improve outcomes for patients at the minimum necessary cost**;
- Greater support for **self care** for patients
- Create access to **better, more integrated care outside of hospital**;
- **Reduce unnecessary hospital admissions** and enable effective working of professionals across provider boundaries.
- Patient experience and quality of care will be improved through stricter adherence by all health professionals to **evidence based care protocols uses across multiple organisations**
- The successful provision of **high quality services in the community**
- **Active & Preventative care management** for people with long term conditions (to prevent deterioration of LTNC and use of acute services where possible)

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Process for the Richmond ICP in MS

1. **Formation of core professional group/ Initial meeting 2013**
2. **Literature and data review 2013**
3. **Initial lines of enquiry: scene setting 2013-2014**
4. **User survey 2013**
5. **Stakeholder event and solutions brainstorming 2014-2015**
6. **Creation of ICP- ongoing**
7. **Consultation – professionals and service users 2014-2015**
8. **Launch and actions taken forward**
9. **Clinicians begin to work in line with pathway as far as possible**
10. **Meet with commissioners to discuss onward planning**

Who attended the Stakeholder meetings?

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- **Patient Representative**
- **Neurology Commisioning Advisor (NCS)**
- **MS Specialist Nurse/ Continence Nurse/ Community Matron**
- **Community Neuro-rehab Team leader**
- **SLTs, Neurophysio, Dietician, Neuro OT**
- **Medical Director HRCH NHS Trust**
- **Richmond GP**
- **Neurologists- CXH**
- **Lead Pharmacists- CXH, HRCH**
- **Social Services**
- **Voluntary Sector- MS Trust, MS Society, INS**
- **A Richmond Commissioning Manager involved from the outset**

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Pathways so far…

- **Pre-diagnosis**
- **Diagnosis**
- **Disease Modifying Therapy**
- **Relapse Management**
- **Symptom Management(Bladder/Bowel/Fatigue etc)**
- **Rehabilitation**
- **A&E**
- **Health & Wellbeing**
- **End of Life care**
- **Carers**

THANKYOU!

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Any questions or further interest please contact:

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