

Multiple Sclerosis Specialist Nursing Service

Business Plan

1.0 Introduction

This paper describes the service provided to people with MS living in North Northamptonshire, since its establishment in 1994, and proposes recurrent funding of £52,202, for the continuation of the Service. Secured funding for the service ends at the end of March 2007.

2.0 Background

In January 2004 monies were secured over a three-year period (ending on 31 March 2007) from the Department of Health Risk Sharing Scheme and the MS Society to provide support funding for a full time MS Specialist Practitioner and 0.31 WTE admin support.

In April 2004 a nurse was appointed to the post on a part time basis (0.6WTE) together with the admin support of 0.31 and were joined by a support nurse in July 2005 to offer the service the equivalent of 'full-time nursing' hours.

2.1 Local prevalence

Multiple Sclerosis is important locally, it is the most common disabling condition in young adults, is a long-term condition and impacts on healthcare throughout the locality. There are currently 315 people known to the service, with an indicative prevalence of 283-340 people in North Northamptonshire.

However, Corby potentially exhibits a higher prevalence because of its high Scottish ancestry which would in fact increase its figures to 112 if the higher prevalence figure of 1.9/1000 was used this is an increase of 63.4%.

The table overleaf illustrates the estimated prevalence and actual caseload of the service:

Location (Area)	Indicative Prevalence 1/1000 283 cases	Indicative Prevalence 1.2/1000 340 cases	Indicative Prevalence Corby 1.9/1000 Rest 1.2/1000	Actual numbers of patients on caseload 315	Comments
Corby 59,111	59 20.8%	71 20.9%	112 29.4%	59 18.7%	There is the potential that 53(47%) of people with MS are not reached or not identified based on the higher prevalence figures
Kettering 89,591	90 31.8%	108 31.8%	108 28.3%	114 36.2%	There is a higher proportion of PwMS on the caseload 6(5.3%) up to 24(21%) than prevalence would suggest
W'boro 68,181	68 24%	82 24.1%	82 21.5%	65 20.6%	If prevalence for Wellingborough was based on the 1.2 per 1000, there is the potential that 17(20.8%) of PwMS are not reached/not identified
East Northants 65,634	66 23.4%	79 23.2%	79 20.8%	71 22.5%	If prevalence for East Northants was based on the higher figure there is the potential that 8(10.2%) of PwMS are not reached/not identified
Out of Area				6 2%	

Figures and data obtained from the Countywide Long Term Conditions Group and MS Society National data / prevalence findings.

The picture based on available figures suggests the need for case finding in Corby and Wellingborough in order to avoid health inequalities, improve patient outcomes and to create efficiency savings.

3.0 Current Service Provision:

In accordance with the NSF for long term conditions, NICE Guidance and Our Health, Our Care, Our Say, the current scope of service has provided by 1.0 WTE at a cost of £45,497 (2006/7):

- Support, advice and responsive service to people with MS, their families and carers
- Single point of Access for people with MS
- Admission avoidance work with GP's and KGH
- Joint working with other agencies e.g. ICT and LTC

- Education, support and advice, to professionals
- 'Getting to Grips' course for people newly diagnosed with MS
- Nurse-led clinics
- Monthly DMT (disease modifying treatment) clinic at KGH with Dr Kendall
- Home visits
- Annual study days for local professionals
- Administration and chairing of Service Improvement and Strategic Groups
- Monthly rehab assessment clinic at Howard Johnson Therapy Unit
- Patient held health and information folder (developed by the East Midlands MS Nurses Group)

This supports the Delivering a Healthier Heartlands Strategy.

Activity over the first 2 quarters of the year are illustrated in the table below:

WTE		Activity/Contacts	KGH activity
Baseline	Actual	Actual	Actual
1	1	1222	55 (4.5%)

3.1 Clinical effectiveness / outcomes

The MS Society and NICE Guidelines for Multiple Sclerosis have documented the need for a local, responsive service to meet the needs of people with MS. The Service provided within the North of Northamptonshire was established utilising these strong user led principles. Users of the service are encouraged to self manage and consult the MS Nursing Service as and when their condition dictates. The service provided meets the needs of its users, working with them to the extent that 52.5% of the caseload do not now access secondary care neurological services which is a minimal cost saving to the Trust of **£16,402** pa. Each of these users consults solely with the Service for specialist advice / support.

A breakthrough of the service is the offer of relapse treatment provision within the home, meeting patient's needs as well as representing a large cost saving to the Trust. Thirty - four episodes were treated at home thus preventing admission to secondary care, which occurred prior to the Service commencing. This enables fast, appropriate and effective treatment to be issued in the patient's chosen location.

The table overleaf illustrates the cost savings of the use of oral steroids compared with an emergency admission to secondary care for IV steroids:

	Emergency admission IV methylprednisolone	Home treatment oral methylprednisolone	Cost saving
Cost per case	£1,995	£61.65 per case	£1,933.35
Total cost for 34 episodes	£67,830	£2,096.10	£65,733.90

The service has been recruited to assist in a multi-centred research programme to plan, deliver and evaluate a fatigue course for people with MS. This is headed by Professor Peter Thomas at Poole in Dorset.

The Service has also been working with the Long Term Conditions Team developing anticipatory care plans for people with MS who are frequent users of acute services.

4.0 Costs

The provision of an MS Specialist Nursing Service offers the opportunity of cost saving, admission avoidance and a community model of care. The current savings of the service have been **£65,733.90**. This figure would therefore cover the total costing of the service alone in the coming financial year (£46, 097), including additional support (£6,105) whilst still offering the Trust minimum cost savings of **£13,531.90**. There is potential for further savings if the higher prevalence figure holds true for Corby and when the population of Oundle and Wansford join the new PCT catchment.

5.0 Relationship of service and National / Local strategic priorities

1. The current service provision aims to avoid admission to acute services as detailed above and by the provision of a bi-annual 'Getting to Grips' (newly diagnosed course) which gives information and support to all those diagnosed two years or less on relapse management, infections, symptom flare-ups and who to contact. (In line with the Northants Heartlands PCT's local LTC strategy)
2. The impact of the MKSM growth plan - MS is most commonly diagnosed between the ages of 25 and 35, with the growth plan encouraging people of working age this could have a large knock-on effect in the prevalence of MS in the county.
3. To continue admission avoidance work with GP's and KGH to ensure cost savings (again in line with the local LTC Strategy)
4. To continue the current service level of contacts and provision of service to people with MS
5. To continue to provide education, support and advice to professionals

6.0 Future Developments

The service could further develop, enhance and provide the following:

1. Reducing health inequalities by targeting Corby and Wellingborough's missed MS populations.
2. To look at development of a local register of people with MS in collaboration with GP practices and hospitals to help with service planning and development to ensure full coverage of local needs.
3. Internal evaluation of service in collaboration with Public Health and other departments for national profiling and showcasing best practice (actual service is unique within the country).
4. Exploring regional integration to obtain specialist neurology support, research, development etc. for example: IV steroids at home or in community Trust run settings.
5. To improve the services offered to people with MS i.e. course for those with changing needs, carers course and continued work with the countywide service improvement group.
6. To continue joint working with other agencies to enhance the services provided, including further development of anticipatory care plans.

In order to meet these developments additional hours would be required for the service i.e. 7 per week of a band 6, support nurse, at a cost of £6,105.

7.0 Conclusion and recommendations

The MS Specialist Nursing Service secured funding ends on 31 March 2007, in order to maintain the current the current MS Specialist Nursing Service an investment of £46,597 (2005/6 figures) would be required, increasing annually to reflect incremental points and annual pay awards.

However, the service does require investment in order to develop further and additional funding of £6,105 would enable it to improve health inequalities, develop a local register and research initiatives coupled with an improved service to people with MS.

The Service offers a total cost savings of £65,733.90. Investing in the service, including the additional hours, this would still represent a saving to the Trust of £13,531.90 on expenditure to acute care. This is an Invest to Save service requiring full commitment from commissioners.

There is a need to continue providing an MS Nursing Service in order to meet the NSF for Long Term Conditions, NICE Guidelines for MS as well as local priorities.

8.0 References

Department of Health (2005) Our Health, Our Care, Our Say

Department of Health (2005) The National Service Framework for Long Term Conditions

National Institute For Clinical Excellence (2003) Clinical Guideline 8 Multiple Sclerosis

Northamptonshire Heartlands PCT (2005) Delivering a Healthier Heartlands

Northamptonshire Heartlands PCT (2005) Strategy for improving the care and management of people living with a long-term condition

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