

Policy and campaigning

The new coalition: its implications for people with MS and the health professionals who work with them



Nicola Russell, Director of Services, MS Trust

After what seemed the longest run up to a general election ever, not to mention a five day ordeal after the voting, we now know who is running the country and specifically the Department of Health (DH) for the next five years. Coalition government is not something with which we are familiar but perhaps we will get both quality and efficiency?

The health team that has been announced consists of **Andrew Lansley**, who has as expected, become the Secretary of State at the Department he shadowed whilst in opposition. The junior ministerial positions have been filled by Liberal Democrat **Paul Burstow** – who was the Liberal Democrat's chief spokesman on health issues between 2003 and 2005 and former vice chair of the all party parliamentary group on MS, Conservative **Simon Burns**, who was a junior minister at the Department of Health between 1996 and 1997 and shadow health minister between 2001 and 2005, and **Anne Milton** Conservative, a nurse by profession. In addition, **Earl Howe** has also been appointed as a junior minister. He has spoken for the Conservatives on health in the House of Lords since 1997. The MS Trust will be trying to establish contact with the new health team in due course.

Budgets are going to be an issue for the future. The NHS, with a budget of £100bn, amounting to a fifth of total public spending, will have to do "more with less". However, statements have already been made by Andrew Lansley suggesting that efficiency savings made within the NHS will be kept within the NHS for front line services, not used to pay off the national debt.

How will the new government balance national priorities with local variability? Currently, examples of local innovation are often lost, not picked up at a local level and replicated nationally. Rather, there is a messy hybrid system operating whereby no-one is clear about whether direction is coming from the centre or locally. For the future, the MS Trust hopes that there will be a single model for delivering care for people with MS, informed by experts, but adaptable to local needs. A framework for this already exists within the commissioning pathway for MS we developed with the Department of Health and the Royal College of Physicians.

We know self-management is important for people with MS. Research has shown that different factors can influence a patient's desire for participation when it comes to medical decision making¹. But shared decision making is increasingly recognised as the ideal model of patient-health professional interaction, particularly in complex conditions, where therapies are only partially effective and the response to treatment unpredictable.

Good practice is invariably complex and differs for each stakeholder. For patients, what is good is the actual experience: the empathy, the waiting time and the environment are crucial. For a clinician, the clinical outcomes are of paramount importance, whilst for the government, it's the headlines about waiting times and access that are most influential. Balancing these different pressures can be a challenge for the health professional.

The NHS is at last trying to gauge what it has achieved for patients - the so-called outcome measurement - such as less hospitalisation, more mobility, less pain and a better quality of life. However, as Bernadette Porter, MS Nurse Consultant at the National Hospital for Neurology and Neurosurgery, points out, health professionals need to remember that 'It takes one sentence and one minute to tell someone they have MS. The person with MS can therefore measure your input into their care in minutes, but their life is measured in years.'

Reference

1. Hamann J, Neuner B, Kasper J, et al. Participation preferences of patients with acute and chronic conditions. *Health Expect* 2007; 10 (4): 358-363.



In the next issue of Way Ahead, Professor Heesen and Professor Köpke of the Institute of Neuroimmunology and Clinical MS Research, explore the influence of evidence based patient information on decision making in MS.