

MS Forward View: Supporting you to share best practice

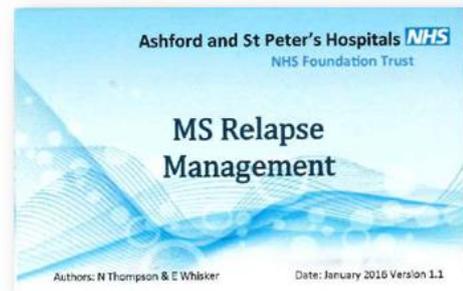
Amanda Barrell, Lemonade Studio



There's no point reinventing the wheel. If there's something you want to do in your service, chances are someone has been there, done it and is willing to help you do the same. That's the idea behind the MS Trust's [online repository](#) of case studies, downloadable resources and guides all supplied by MS healthcare professionals for MS healthcare professionals.

MS Forward View identified the [priority actions needed across the MS sector](#) to enable MS services to deliver effective, efficient and equitable services for everyone with MS. To achieve this, there is a need to support teams to increase capacity and improve services for everyone with MS, not just those on disease modifying drugs (DMDs). And part of that is supporting MS teams to do their jobs is the most efficient way they can, by **sharing and recognising best practice**.

The team at [Ashford and St Peter's Hospitals NHS Foundation Trust](#), for example, have shared their **award-winning relapse alert card**. The business card-sized leaflet, which won a [QuDoS](#) in MS award last year, is available to [download from the MS Trust website](#).



Natalie Thompson and Emily Whisker created the card after finding an education need among patients and non-specialist healthcare professionals. It's designed to be carried in the wallets of people with relapsing remitting MS and be handed to A&E staff or their GP when presenting with a relapse.

Natalie said:

"Often, people do not contact their MS team when they are having a relapse, they go to their GP or A&E. They tell us six months later that they have steroids, but the dose may have been wrong, or they may have needed to start or escalate treatment. It happens a lot."

"We know that if someone is having a relapse they should talk to their MS team."

The card defines a relapse, outlines NICE-approved treatment and explains the importance of ruling out infection. Most importantly, it features Natalie and Emily's contact details.

"We have had really positive feedback from GPs, who have been in touch for our advice. But the main thing is more of our patients are ringing us when they are having a relapse."

Since winning a [QuDos award](#) during last year's MS Trust Annual Meeting, Emily and Natalie have been approached by a number of teams, eager to replicate their success.

“That’s why we wanted to share the card. You can download the Word document from the MS Trust website and edit it to suit your service.”

The team at St George’s, in Tooting, South West London, also know the value of sharing best practice – this time for improving the efficiency of DMD monitoring. They have **reduced the complex monitoring burden of DMDs** by borrowing a model from rheumatology.

[Everyone on a DMD has been assigned a monitoring card, colour coded to their medication.](#) It lists their contact details, when they started treatment, which tests they need and how often.

When monitoring is due, patients are booked into an all-day drop-in monitoring clinic. The day before, the team coordinator goes through the cards, prepares for urine tests and orders bloods. Bloods orders are later checked by a nurse.

| Starting Date | 1st Cycle | 2nd Cycle | 3rd Cycle | 4th Cycle |
|---------------|--|-------------|-------------------|------------|
| DATE | FBC Normal (see template) or abnormal (specify abnormality) (FBC abnormal based on parameters outlined in report template) | Urea Normal | Urinalysis Normal | TTT Normal |
| | YES NO | YES NO | YES NO | YES NO |

On the day, those who need urine tests take their samples to outpatients, then go to phlebotomy, while those who only need bloods go straight there. Afterwards, the team’s MS therapies nurses contact anyone who didn’t turn up, and discuss any abnormal results with a consultant.

Because patients do not see an MS nurse, it frees up capacity, and the system even generates income thanks to the monitoring clinic tariff.

“What we were doing before was unsustainable: we just didn’t have the capacity. It’s so important because we need to keep patients safe,”

said Sarah White, Senior MS nurse in the nursing team, which consists of three full-time equivalent MS nurses, 1.5 MS therapy nurses and a team coordinator.

Her ‘top tips’ for setting up such a service, were getting continual patient feedback and always going to managers with solutions “not just problems”. Speak to other specialties with similar issues, she added: if the same service already exists in a different department, it’s easier to get approval.

For more examples of best practice from MS teams across the country, [click here](#). Or [get in touch](#) to share your story.