Table: How MS nurses can achieve cost savings and for whom

Cost savings	**Achieved through MS nurses…**	**Who benefits economically**
Reductions in GP consultations	Providing rapid access telephone or face to face consultations on problems needing a rapid response, such as continence issues, UTIs, medication side effects, possible relapses or other health problems where the patient is uncertain whether they are linked to their MS. Educating patients and their carers: giving information and advice which promotes self-management and reduces psychological distress. Educating GPs and other primary care health professionals so that they are able to offer more effective care and reduce the need for follow up appointments.	GP practices
Reduction in A&E attendances	As above	PCT/GP consortium Acute Trust (where differential tariff
Reductions in neurology consultant appointments (or freed up time to see more patients and reduce waiting	Providing routine follow up consultations for all patients following diagnosis and where the patient's MS is stable. Providing relapse clinics and relapse management (in some cases	PCT/GP consortium

[1] In some areas, acute trusts are penalized with a reduced tariff if A&E attendances go above a threshold limit.

Cost savings	Achieved through MS nurses…	Who benefits economically
times)	prescribing steroid therapy). Undertaking routine medication monitoring including regular testing and side effect management.	
More effective use of disease-modifying drugs: more appropriate prescribing, increased adherence and reduced side effects	Providing information and promoting shared decision making at the point of prescription, both of which will lead to patients making more informed decisions and promote adherence. Training patients in self-injecting and managing their medications, again promoting adherence. Monitoring and altering medication appropriately (and recommending cessation of treatment if it is not benefiting the patient).	PCT/GP consortium: if the net result prescribing: otherwise this is a health cost saving.
Reductions in emergency admissions	Responding to patients with symptoms of relapse or other crises before they present to A&E. Offering home-based steroid treatment for relapses; Seeing patients in A&E and working out a care plan to prevent admission. Co-ordinating multi-disciplinary care: ensuring patients have access to neuro-rehab, psychological support and specialist help and thereby reducing the likelihood of crisis.	PCT/GP Consortium

Cost savings	**Achieved through MS nurses…**	**Who benefits economically**
Reduced length of stay in hospital	Visiting patients on wards and facilitating early discharge.	Acute Trust
Reduced hospital readmissions	Leading on discharge planning to ensure that discharge is well supported with any services necessary.	PCT/GP consortium