Defining the value of the MS specialist nurse

Crewe Hall
9 March 2011
MS specialist nurses

- 3 MS specialist nurses in 1993
- 1995 increased number with arrival of first DMT
- 80 MS specialist nurses at the start of the RSS in 2002 - Fast Track Scheme launched
- Currently circa 230 MS specialist nurses
- Ongoing campaigning by MS Trust nationally and at points by MS Society to increase numbers
- What do MS specialist nurses deliver to the NHS?
MS nurse role definition funded by MS Trust

- January 2001 – Evaluation of MS specialist nurses (Jane Johnson et al)
- April 2001 - The key elements for developing MS specialist nurse services in the UK
- July 2003 - Competencies for MS specialist nurses
- February 2006 – meeting DH to discuss risks to MS specialist nurses
- February 2010 – Competency Framework for MS specialist services
Why does the NHS still question the value of the role?

- Changes in structure of the NHS
- MS is not an easily measurable disease
- Posts have varied in location and job role
- Lack of audit data
- Financial pressures within the NHS versus the cost of a specialist post
- Specialist nurses in all disciplines have expanded significantly so costs more visible
What do we need now?

- Current evidence of the benefit of MS specialist nurse posts to people with MS
- Evidence that fits with the new NHS landscape and with the new quality outcome drivers
- Evidence to convince new commissioners
- Evidence to protect the current cohort of MS nurses and to differentiate MS posts from others
- Evidence to support the argument to expand the number of MS specialist nurses
The MS Trust position

- MS specialist nurses are essential for people with MS
- Disease specific specialist nurses are best
- We need 300 – 350 across the UK

Action:
- Funding a new scoping study undertaken by Mynors Suppiah
- Thank you to those people who have participated
Who we are

- Independent healthcare consultancy
- Geraldine Mynors
  - NHS Management and McKinsey consulting background
  - Project managed and edited MS Decisions website in 2004 and 2009 (update)
  - Director of the Patient Information Forum
- Sarah Perman
  - Public health and public policy analyst
  - Experience with NHS Westminster, the Health Protection Agency, UNAIDS and the WHO
Aims of the scoping study – to explore:

- Decision makers and influencers in decision to employ MS nurses – now and in the new environment
- Arguments which drive the employment decision
- Incentives and drivers in the system which help or hinder
- Models of MS nurse employment – community vs. acute Trust based
- What economic and other evidence exists to demonstrate value of MS nurses
- What more evidence is needed
How we went about the work

- Evidence and policy review – in MS and other specialties
- 30 In-depth interviews
  - 12 MS nurses
  - 6 neurologists
  - 4PCT commissioners and 2 GPs
  - 1 manager
  - 2 patients
  - 5 national organisations / health charities
- 2 case studies
  - Salford Royal and East Kent
The changing context

- Tough economic times - £20bn efficiency savings sought from the NHS by 2014/15

- Structural reforms
  - GP consortia will commission neurology services
  - NHS Commissioning Board providing contracting framework
  - New Outcomes Framework and NICE quality standards
  - New models for community provision under ‘Transforming Community Services’
Preliminary findings

- First the BAD NEWS
- Then the GOOD NEWS
- What MS nurses can do to strengthen their case
1: GP consortia may be too small to care much about MS

<table>
<thead>
<tr>
<th>Consortium Population</th>
<th>Number of people with MS</th>
<th>New MS diagnoses per year</th>
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<tbody>
<tr>
<td>20,000</td>
<td>20-24</td>
<td>0.7 - 1.3</td>
</tr>
<tr>
<td>80,000</td>
<td>80-96</td>
<td>2.8 – 5.3</td>
</tr>
<tr>
<td>200,000</td>
<td>200-240</td>
<td>7.0 – 13.2</td>
</tr>
<tr>
<td>400,000</td>
<td>400-480</td>
<td>14 - 26</td>
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</tbody>
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MS may struggle to get priority amongst challenges consortia face
2: We found scarce evidence of economic impact of MS nurses

- Research evidence in MS fails to make a compelling case for the value of nurses
- No peer reviewed economic studies since MS Trust / South Bank study over 10 years ago
- Lack of basic activity logs or performance measures for many services
1: The economic arguments for MS nurses are strong

<table>
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<tr>
<th>Cash releasing savings</th>
<th>Non-cash releasing savings</th>
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<tbody>
<tr>
<td>• Reduction in emergency admissions and readmissions</td>
<td>• Reduction in GP appointments</td>
</tr>
<tr>
<td>• Reduction in neurology outpatient appointments</td>
<td>• More effective use of medication</td>
</tr>
<tr>
<td>• Reduction in A&amp;E attendances</td>
<td>• Lower hospital length of stay</td>
</tr>
</tbody>
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... and supported by economic research on specialist nurses in other specialties
2: Patients and neurologists champion MS nurses, GPs likely to listen

- Strong evidence from surveys and case studies of the value that MS nurses bring to patients
- Neurologists unanimous valuing the role
- GPs are likely to want to maintain and even expand services provided they:
  - Are rapidly accessible
  - Integrate well with other community services
  - Decrease, rather than increase, their workload
  - Don’t add cost, and ideally release cash
So what can MS nurses do in this new environment?

- Get to know your local GPs (especially consortium leaders) and ensure you are visible and accessible to them
- Maintain a log of basic activity data
- Set simple performance indicators and measure your service against them
- Measure the experience of your patients
- If you can, undertake a local audit of economic impact
- Collaborate with others neurology professionals to lead a local neurology strategy in your area

Be prepared and proactive!
More to follow via the MS Trust after the report is published…

Thank you.

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