Innovative models of care
Evaluation of the Neurological Enablement Service (NES) and Neurological Case Management Service (N CMS)

Lynn Burscough1, Aidan Moss2, Laura Campbell2, Evelyn Jager3, Brooke Lumici3, Georgina Carr4
1. Long Term Neurological Conditions services, Sheffield Health and Care N.IHS Foundation Trust, 2. ICF
3. MS Society

1. Background
Improving access to appropriate healthcare, information and holistic support have a significant role to play in achieving better outcomes for people with MS. At the same time, however, the NHS faces challenges which have placed considerable emphasis on demonstrating the value of interventions both to patients and wider society. Improving access to appropriate healthcare, information and holistic support has a significant role to play in achieving better outcomes for people with MS, identifying innovative and impactful services, evaluating the translatability of such services to other contexts and communicating the findings widely will all be key in reducing variation in service provision for people with MS. The Long Term Plan for the NHS in England, published in 2019, sets out the strategic direction for the NHS for the next 10 years. Key priorities within this plan with relevance for people with MS and other long-term neurological conditions include:

- Preventing emergency readmissions
- Improving access to specialist care
- Improving outcomes for people with long-term conditions
- Improving access to integrated care
- Improving access to services for people with long-term conditions

Better evidence can inform the development of integrated neurocare for people with MS, in line with the Long Term Plan. Significant, unwarranted variation in MS treatments, care and support is driven by:
- A lack of standard guidelines on standard practices, both in practice and on paper
- Increasingly limited neurological specialists
- A lack of oversight and responsibility for the entire care pathway, driven by fragmented commissioning
- A lack of evidence demonstrating the impact of MS services

The MS Society commissioned ICF to evaluate innovative models of care and draw out what can be learned from the experiences of improving services. The objective of these evaluations is to understand more about the value of the services by exploring their impact on people's health and wellbeing, care and quality, as well as the models' suitability for translation in other areas.

2. The Services
The Neurological Enablement Services (NES) and Neurological Case Management Service (CMS) are community services in Sheffield

They support people aged 16 and over who are long-term neurologically disabled, including MS clients. Services can be referred by any professional, or they can self-refer if they have used the largest proportion of their allocated time. Both the NES and N CMS are based at the same location, but the services provided are delivered by different staff:

- There are often patients on both services at the same time, but the services have separate teams
- Some patients on the NES service have co-morbidities
- Some patients are managed by both NES and CMS teams

The Neurological Enablement Services (NES) and Neurological Case Management Service (CMS) are community services in Sheffield

3. Evaluation methods
Services for people with MS across the UK were asked to apply for their service to be evaluated. Nine submitted applications. These were assessed against a set of key criteria by two panels. Assessment criteria included: presence of an intervention which could be evaluated (with a focus on cost-benefit analysis); evidence of need for the intervention; need for improvements in a specific service; innovative approach to service delivery; potential to demonstrate impact on efficiency, care and quality; ability to demonstrate impact on health and wellbeing for service users.

ICF conducted qualitative interviews with the 9 NES/NCMS teams in total. These were a mixture of patient, family, carers, MS nurses, commissioners and NES/NCMS staff.

Case study visit
Two-day visit covering relevant sites, including the two locations where NES and N CMS staff are based, where clinical and management interviews are held, and the location where MS nurses are based. Patients and carers were consulted as a focus group, on appointment and general appointments at the leisure centre. Interviews with NES nurses and staff were conducted in situ in terms of role and one-to-one settings.

In total 6 respondents: 2 patients, 3 carers, 1 staff member

4. Findings
4.1 Impacts on patients and families

Good quality services for people with MS and other long-term neurological conditions should support patients and their families in the way that they want, which means being tailored to the individual and supporting with self-management.

In the longer term:
• Patients and families should be equipped with the confidence to self-manage the condition and symptoms
• They should feel in control of their lives and able to live the way they want
• There should be an increase in wellbeing and quality of my

Patients and carers are able to access the service in a way that is suitable for them

Key accessibility characteristics that are important for patients

Access at home
• For people with long-term neurological conditions, visiting a clinic for an appointment can be draining
• Home visits mean patients are less fatigued as appointments are more productive and they can still do something else with their time

Access to the service is viewed as a ‘safer net’ by patients and their families as they can call up about issues they are experiencing and self refer if they had been discharged, but didn’t have the service in a long term

Access to the right person at the right time
Care coordination means that patients feel they are put with the right person in the team based on their needs and experiences. Carers are recognised as important points of contact for both patients and their families.

Access to support is quicker
In the longer term the waiting times for therapies are fairly quick in comparison to referrals to other NHS services, and it was recognised by patients as a priority for N CMS

The ripple effect: Impacts on wellbeing

The direct support provided by NES and N CMS has indirect effects on other areas of patients’ lives, and the lives of their carers. For example, of the carers surveyed, the majority said that the service in to support individuals to meet their goals, in practice it has a much wider, ongoing impact for both patients and their families. This is described by staff as a ‘ripple effect’ which is hard to quantify to measure – the positive support provided is highly personalised and the positive impacts are highly specific to an individual, their life and their priorities. However, qualitative discussions with patients help to build a picture of these long-term health and wellbeing outcomes.

5. Conclusions
This process was successful in identifying a number of innovative services for people with MS. N CMS/NES specifically is one such service that fulfils the requirements identified by commissioners and experts in the field. As a successful service for people with MS and other long-term neurological conditions, it is of interest to understand the outcomes and how these compare to those of other NES/CMS services.

The evaluation process did encounter some challenges. 1. The evaluation of outcomes and efficiency: specifically around measuring outcomes for patients with long-term neurological conditions in particular, as their conditions are progressive rather than curable so a positive outcome may actually be the fact that a symptom does not get any worse as opposed to ‘getting better’. Similarly, an intervention may have consequent impacts on different areas of an individual’s life which are challenging to measure or comprehend in full. It was also not possible to conduct an economic analysis to assess the service’s efficiency due to a lack of data. This is a limitation of using patient health records to quantitatively assess the impact was explored. However this option was not feasible. 2. Engaging with respondents: challenges were encountered in engaging commissioners, patients and carers with the study. We were unable to speak with a commissioner in Sheffield with knowledge of the N CMS and N CMS. To address this gap, we were able to obtain interviews with commissioners in other CMS through the MS Society’s staff. In order to overcome patients’ and carers potential reservations about taking part and making interview as in-depth as possible for them, those agreeing to take part were given the option of joining the focus group or being interviewed on the phone. 3. Interventions patients: Patients were not always able to verbalise the services they had accessed, and could not always distinguish between the NES and N CMS and other healthcare services. Some patients also had cognitive impairments which created additional barriers to distilling the impacts of support from the NES and N CMS, and the support provided by other services. This must be taken into account when interpreting the results.

Despite these challenges we believe that a programme like this could be of benefit to other services as well as the local trust to support the spread of best practice, as well as to highlight interventions that could be adopted and implemented elsewhere in order to address unmet need and unnecessary variation in service provision for people with MS. The MS Society will be reviewing the programme and addressing any particular limitations prior to its implementation in 2020.