A look at the implementation of a multiple sclerosis screening initiative at University Hospitals Plymouth NHS Trust

This material has been designed to provide an overview of the University Hospitals Plymouth (UHP) multiple sclerosis (MS) screening initiative and to outline the process UHP went through to implement this change in process.

This project was developed and funded by Novartis Pharmaceuticals Ltd in joint partnership with NHS University Hospitals Plymouth.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.

Image not of real healthcare professionals

UK | February 2023 | 225037

NHS
University Hospitals Plymouth
NHS Trust

An introduction to the MS screening service at UHP

This material has been designed to provide an overview of the University Hospitals Plymouth (UHP) multiple sclerosis (MS) screening initiative and to outline the process UHP went through to implement this change in process.

The situation at UHP

Many pwMS under the Plymouth MS service have to travel **long distances** for appointments and parking can be difficult.

Based on the number of pwMS under the service, and requirements for unscheduled clinic care, the service has been **unable to offer** full annual clinical reviews due to limited clinical capacity.

The service believes its limited resources should be focused on people who need immediate support, but appreciates the value of regular contact.

The new service

A new telephone follow-up system was introduced to offer all MS patients at least an annual contact.

The service has a range of calls of different lengths based on different profiles of pwMS:

- Short screening call: ~10 minutes.
- Longer call: Aim 30–40 minutes.
- Face-to-face/video contact: Aim 30–40 minutes.

PwMS were allocated to different contact cohorts based on their profile.

- PwMS on treatment/generally stable were allocated for screening calls.

New highly structured pro formas were created to focus appointments. These cover key aspects of monitoring and trigger further action as identified by responses to key questions.

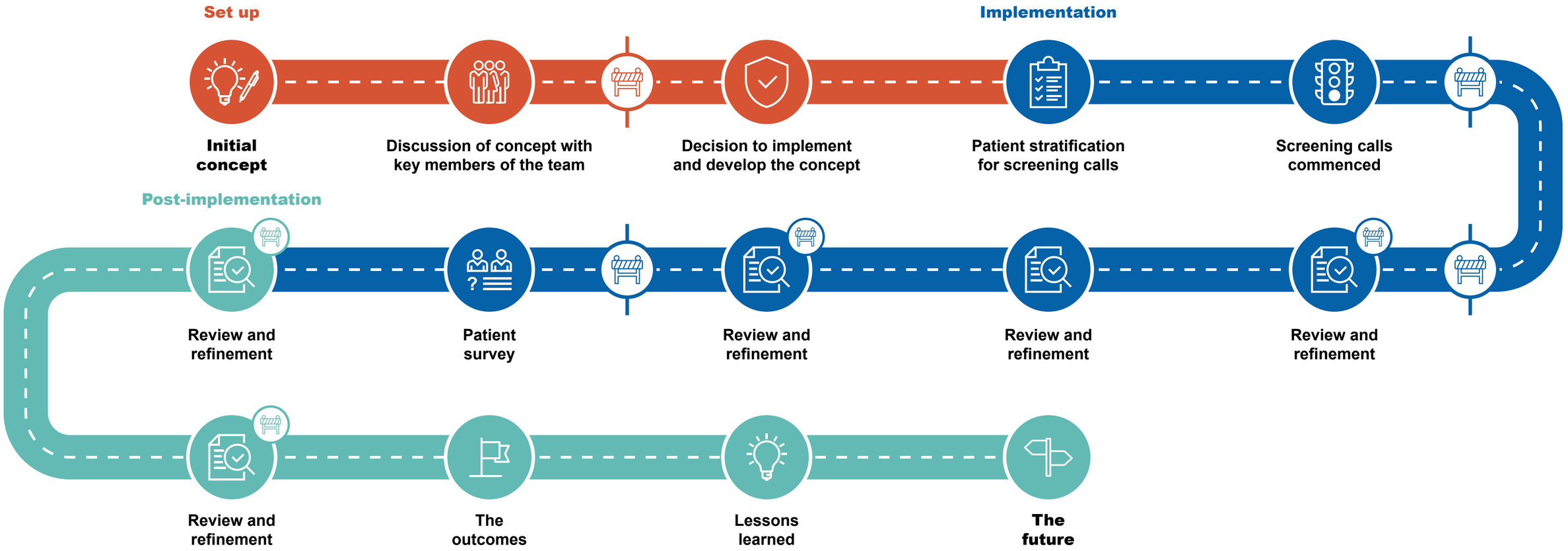
New administrative processes were required to support the higher volume of appointments and record clinical outcomes.

The service aims to provide **the right appointment for the right person at the right time**.

MS=multiple sclerosis; PwMS=people with MS; UHP=University Hospitals Plymouth.

The journey to setting up the MS screening service at UHP

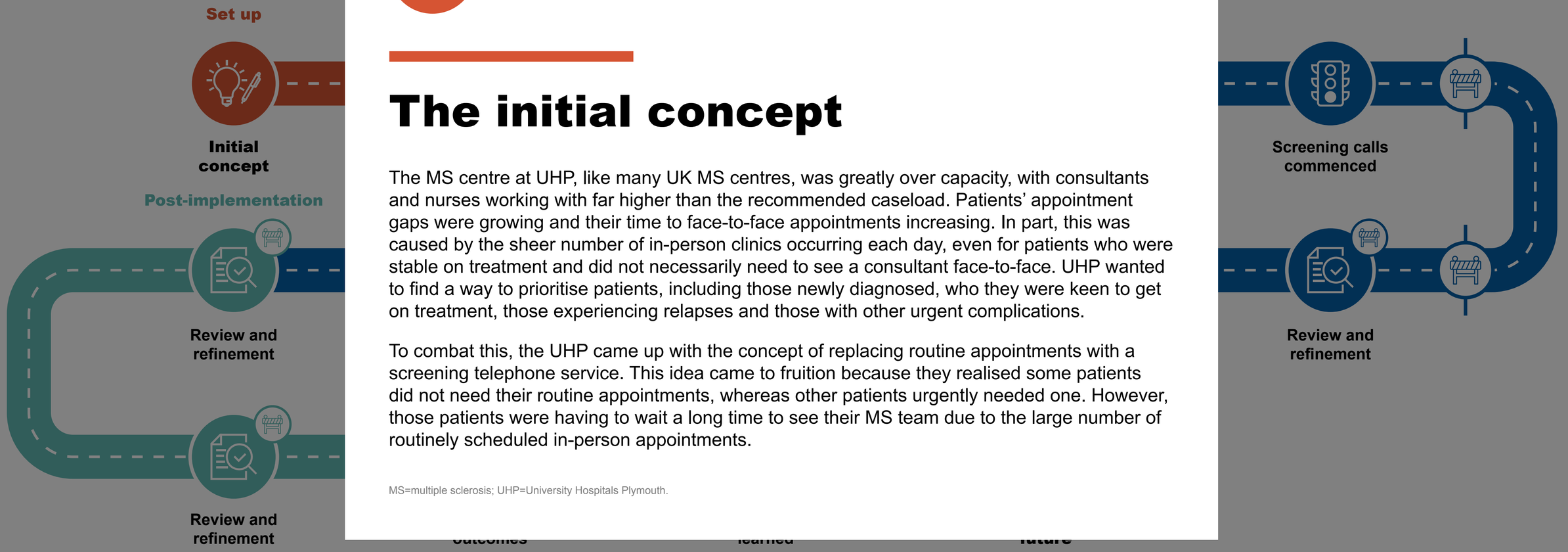
The roadmap below provides an overview of the process involved in setting up the new screening service at UHP. By clicking on the icons, you can make your way through the steps involved in the formation of the fully functioning service. In addition to this, you can see the challenges (‘roadblocks’) UHP faced along the way, and how these were overcome.



NHS
University Hospitals Plymouth
NHS Trust

The journey to setting up the MS screening service at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser
ake your way through the steps involved
were overcome.



The initial concept

The MS centre at UHP, like many UK MS centres, was greatly over capacity, with consultants and nurses working with far higher than the recommended caseload. Patients' appointment gaps were growing and their time to face-to-face appointments increasing. In part, this was caused by the sheer number of in-person clinics occurring each day, even for patients who were stable on treatment and did not necessarily need to see a consultant face-to-face. UHP wanted to find a way to prioritise patients, including those newly diagnosed, who they were keen to get on treatment, those experiencing relapses and those with other urgent complications.

To combat this, the UHP came up with the concept of replacing routine appointments with a screening telephone service. This idea came to fruition because they realised some patients did not need their routine appointments, whereas other patients urgently needed one. However, those patients were having to wait a long time to see their MS team due to the large number of routinely scheduled in-person appointments.

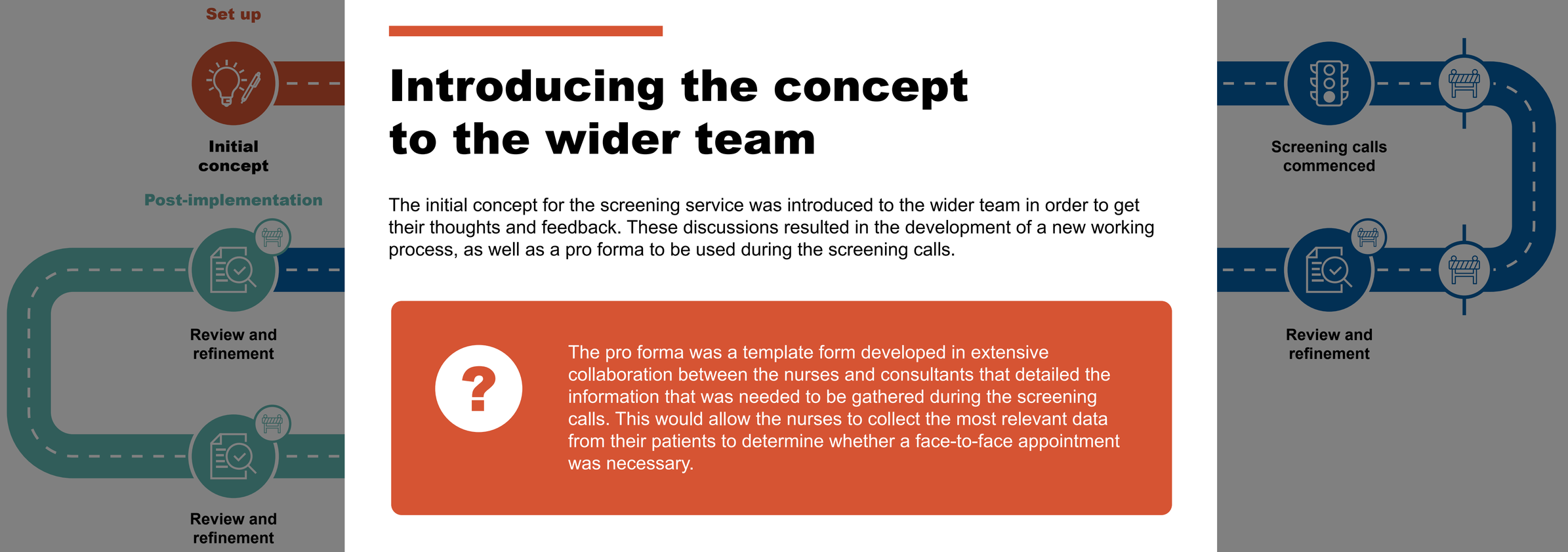
MS=multiple sclerosis; UHP=University Hospitals Plymouth.

NHS
University Hospitals Plymouth
NHS Trust

The journey to setting up the MS screening service at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser

ake your way through the steps involved
were overcome.



Introducing the concept to the wider team

The initial concept for the screening service was introduced to the wider team in order to get their thoughts and feedback. These discussions resulted in the development of a new working process, as well as a pro forma to be used during the screening calls.

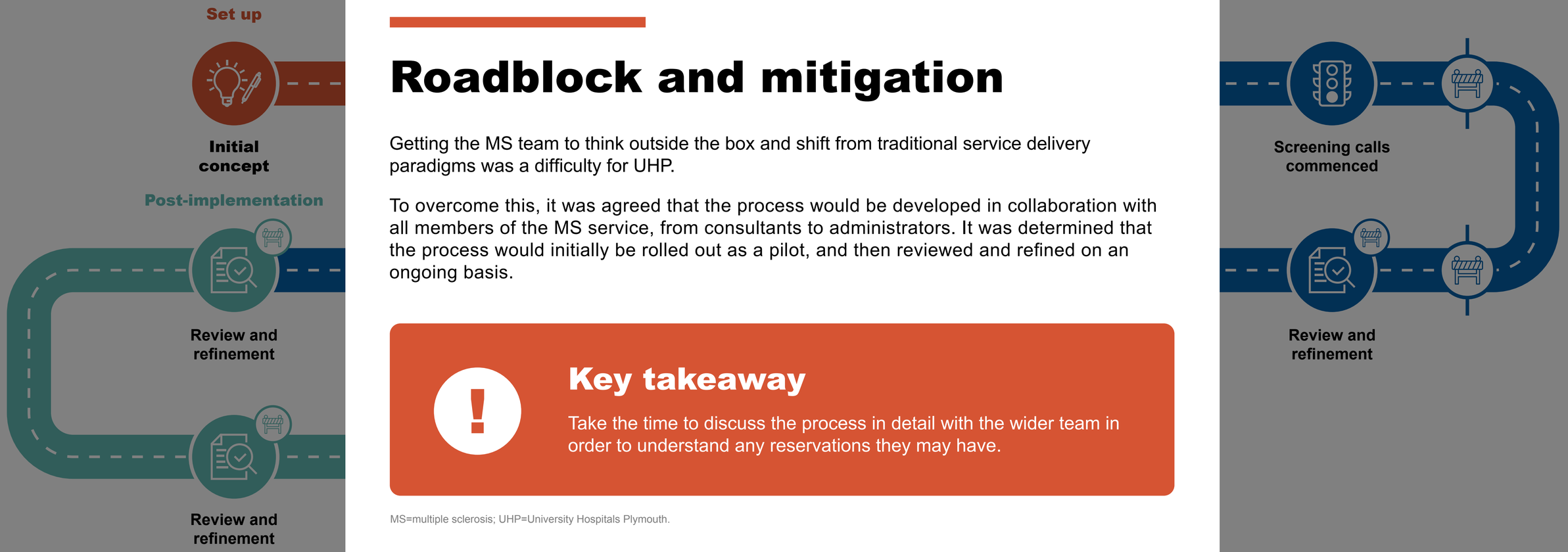
The pro forma was a template form developed in extensive collaboration between the nurses and consultants that detailed the information that was needed to be gathered during the screening calls. This would allow the nurses to collect the most relevant data from their patients to determine whether a face-to-face appointment was necessary.

NHS
University Hospitals Plymouth
NHS Trust

The journey to setting up the MS screening service at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser

ake your way through the steps involved
were overcome.



Roadblock and mitigation

Getting the MS team to think outside the box and shift from traditional service delivery paradigms was a difficulty for UHP.

To overcome this, it was agreed that the process would be developed in collaboration with all members of the MS service, from consultants to administrators. It was determined that the process would initially be rolled out as a pilot, and then reviewed and refined on an ongoing basis.

Key takeaway

Take the time to discuss the process in detail with the wider team in order to understand any reservations they may have.

MS=multiple sclerosis; UHP=University Hospitals Plymouth.

NHS
University Hospitals Plymouth
NHS Trust

The journey to

e at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser

ake your way through the steps involved
were overcome.

Decision to implement and develop the content

Once the team had discussed and raised any initial concerns surrounding the project, these were addressed or an action plan was put in place to circumvent them.

The core project team planned out what needed to be done in order to get the service up and running. Crucially, this included the development of the materials and an infrastructure that would appropriately support the service. While the administrative challenges were addressed, the consultants and nurses worked together to draft a sufficient pro forma that would capture the correct patient outputs.

Key takeaway

At this initial set-up stage, the team strongly recommend engaging with other services that may benefit the transition between working practices such as IT services and hospital platform administrators (BigHand) to pre-empt potential issues and minimise the amount of manual administrative labour required.

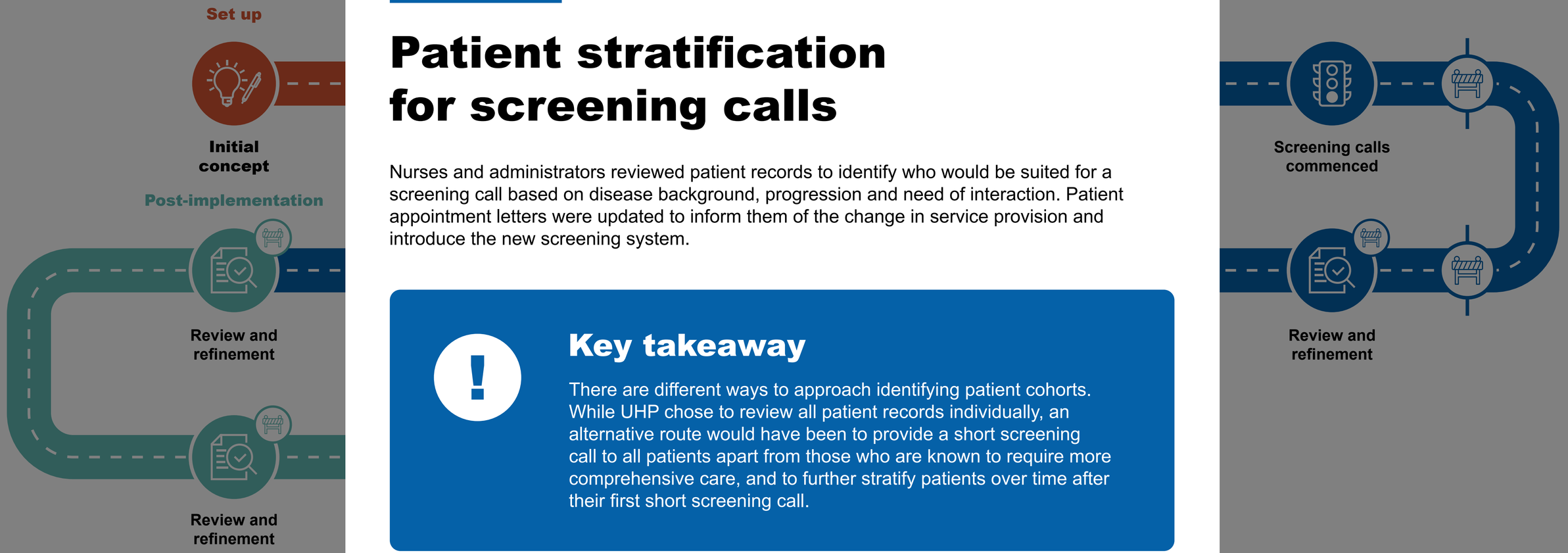
NHS
University Hospitals Plymouth
NHS Trust

The journey to

e at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser

ake your way through the steps involved
were overcome.



Patient stratification for screening calls

Nurses and administrators reviewed patient records to identify who would be suited for a screening call based on disease background, progression and need of interaction. Patient appointment letters were updated to inform them of the change in service provision and introduce the new screening system.

Key takeaway

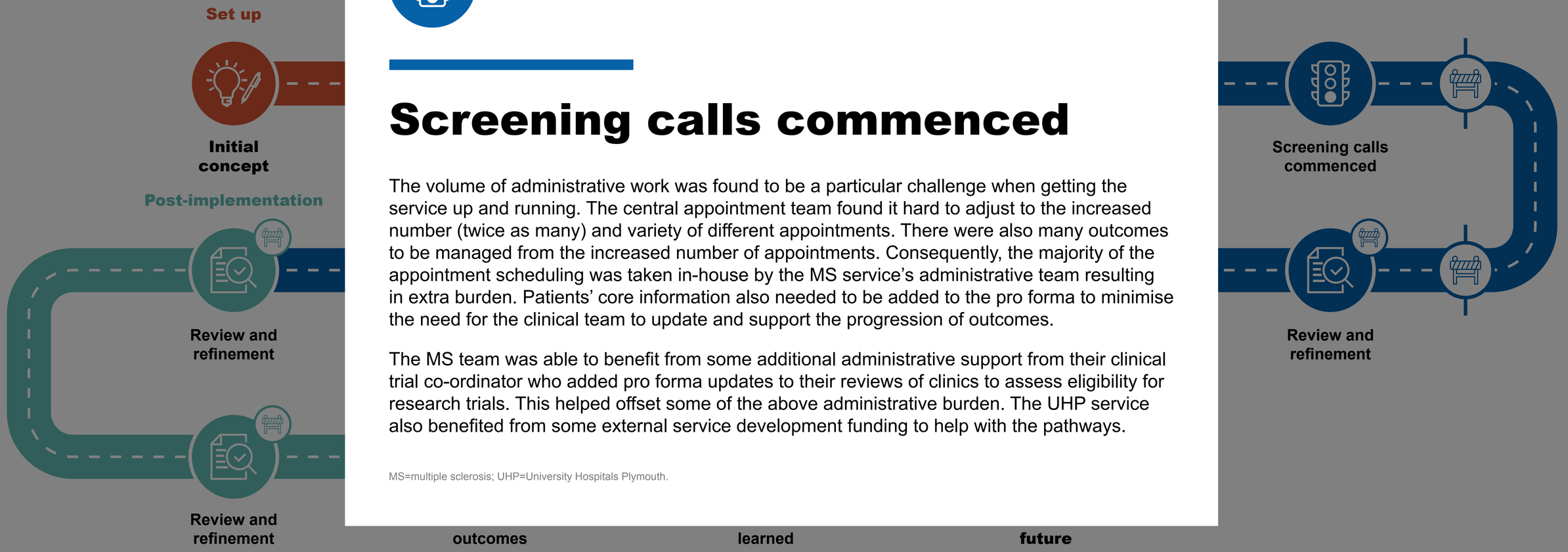
There are different ways to approach identifying patient cohorts. While UHP chose to review all patient records individually, an alternative route would have been to provide a short screening call to all patients apart from those who are known to require more comprehensive care, and to further stratify patients over time after their first short screening call.

NHS
University Hospitals Plymouth
NHS Trust

The journey to setting up the MS screening service at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser

ake your way through the steps involved
were overcome.



Screening calls commenced

The volume of administrative work was found to be a particular challenge when getting the service up and running. The central appointment team found it hard to adjust to the increased number (twice as many) and variety of different appointments. There were also many outcomes to be managed from the increased number of appointments. Consequently, the majority of the appointment scheduling was taken in-house by the MS service's administrative team resulting in extra burden. Patients' core information also needed to be added to the pro forma to minimise the need for the clinical team to update and support the progression of outcomes.

The MS team was able to benefit from some additional administrative support from their clinical trial co-ordinator who added pro forma updates to their reviews of clinics to assess eligibility for research trials. This helped offset some of the above administrative burden. The UHP service also benefited from some external service development funding to help with the pathways.

MS=multiple sclerosis; UHP=University Hospitals Plymouth.

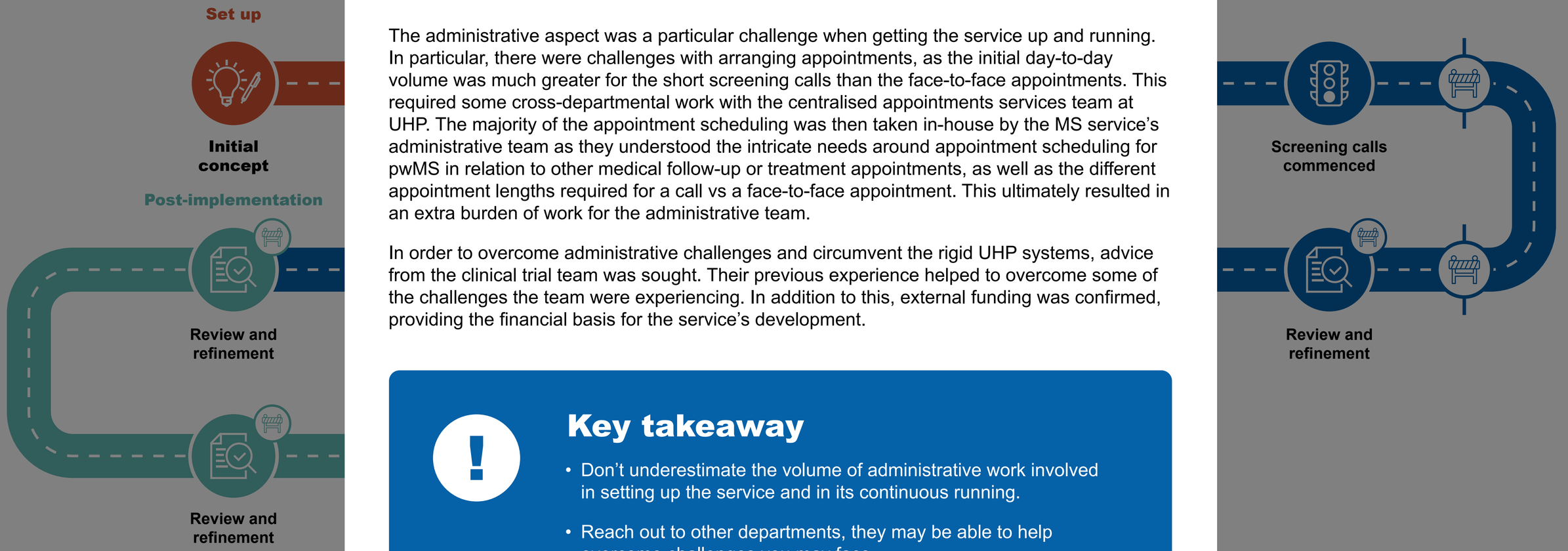
NHS
University Hospitals Plymouth
NHS Trust

The journey to

e at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser

ake your way through the steps involved
were overcome.



Roadblock and mitigation

The administrative aspect was a particular challenge when getting the service up and running. In particular, there were challenges with arranging appointments, as the initial day-to-day volume was much greater for the short screening calls than the face-to-face appointments. This required some cross-departmental work with the centralised appointments services team at UHP. The majority of the appointment scheduling was then taken in-house by the MS service's administrative team as they understood the intricate needs around appointment scheduling for pwMS in relation to other medical follow-up or treatment appointments, as well as the different appointment lengths required for a call vs a face-to-face appointment. This ultimately resulted in an extra burden of work for the administrative team.

In order to overcome administrative challenges and circumvent the rigid UHP systems, advice from the clinical trial team was sought. Their previous experience helped to overcome some of the challenges the team were experiencing. In addition to this, external funding was confirmed, providing the financial basis for the service's development.

Key takeaway

- Don't underestimate the volume of administrative work involved in setting up the service and in its continuous running.
- Reach out to other departments, they may be able to help overcome challenges you may face.

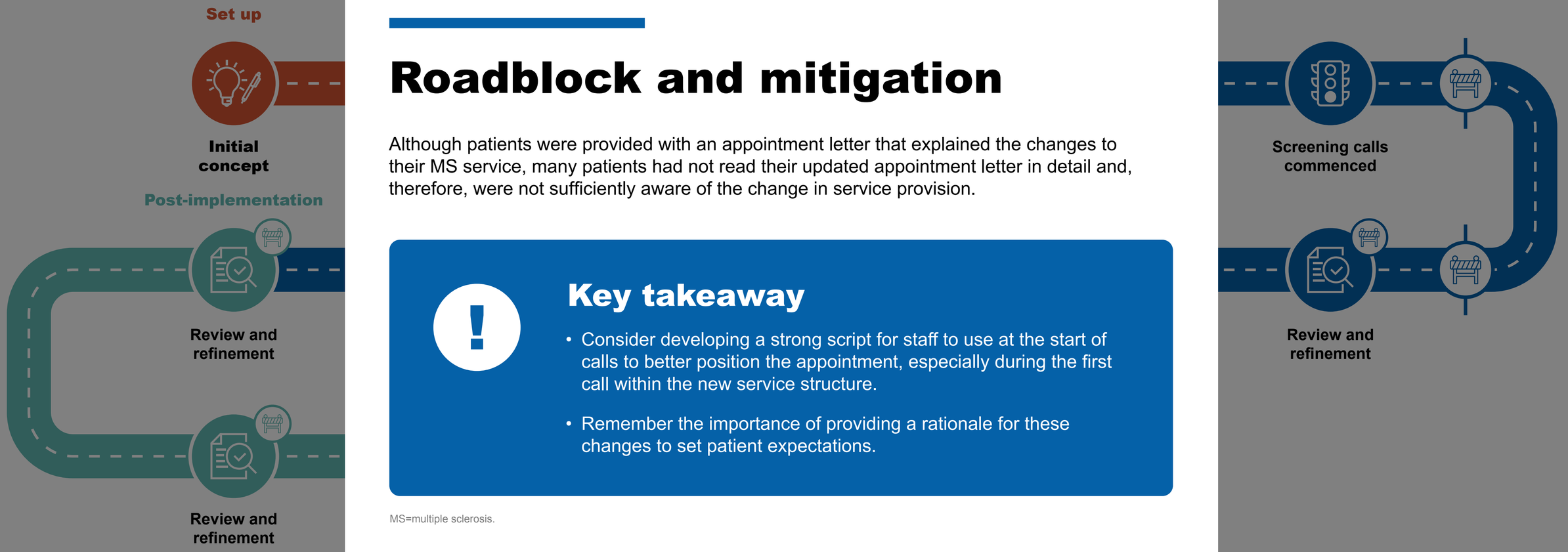
MS=multiple sclerosis; pwMS=people with multiple sclerosis; UHP=University Hospitals Plymouth.

NHS
University Hospitals Plymouth
NHS Trust

The journey to setting up the MS screening service at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser

nake your way through the steps involved
were overcome.



Roadblock and mitigation

Although patients were provided with an appointment letter that explained the changes to their MS service, many patients had not read their updated appointment letter in detail and, therefore, were not sufficiently aware of the change in service provision.

Key takeaway

- Consider developing a strong script for staff to use at the start of calls to better position the appointment, especially during the first call within the new service structure.
- Remember the importance of providing a rationale for these changes to set patient expectations.

MS=multiple sclerosis.

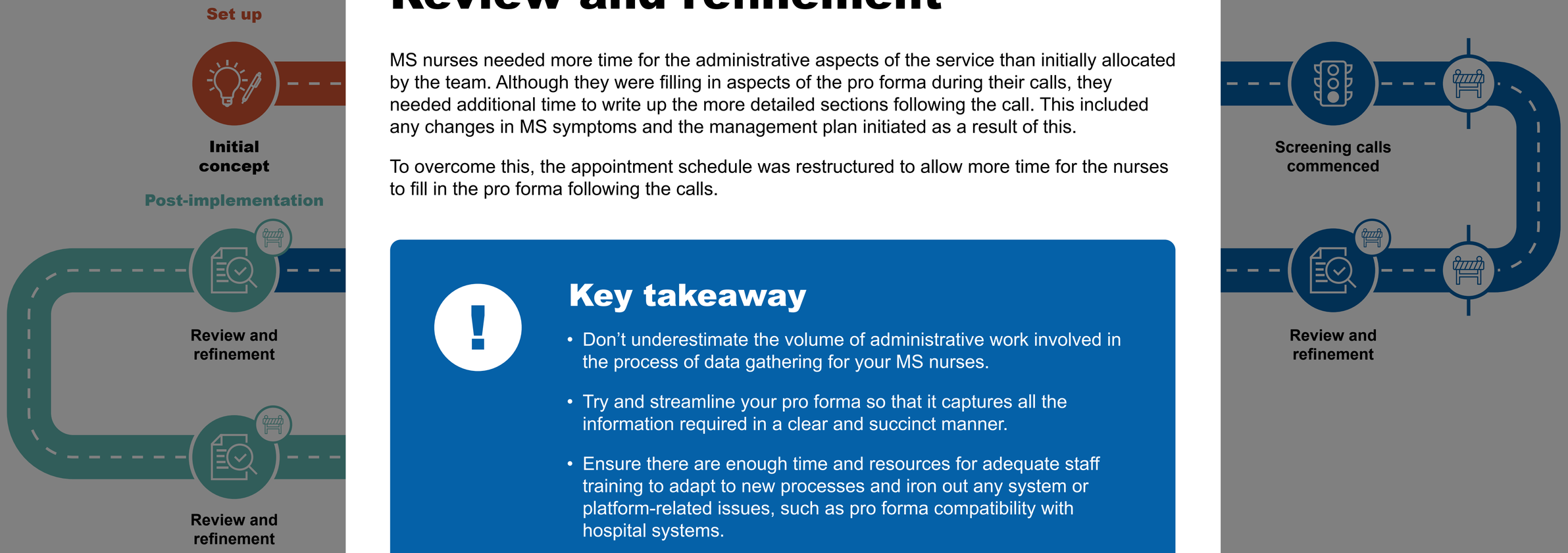
NHS
University Hospitals Plymouth
NHS Trust

The journey to

e at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser

nake your way through the steps involved
were overcome.



Review and refinement

MS nurses needed more time for the administrative aspects of the service than initially allocated by the team. Although they were filling in aspects of the pro forma during their calls, they needed additional time to write up the more detailed sections following the call. This included any changes in MS symptoms and the management plan initiated as a result of this.

To overcome this, the appointment schedule was restructured to allow more time for the nurses to fill in the pro forma following the calls.

Key takeaway

- Don’t underestimate the volume of administrative work involved in the process of data gathering for your MS nurses.
- Try and streamline your pro forma so that it captures all the information required in a clear and succinct manner.
- Ensure there are enough time and resources for adequate staff training to adapt to new processes and iron out any system or platform-related issues, such as pro forma compatibility with hospital systems.

MS=multiple sclerosis.

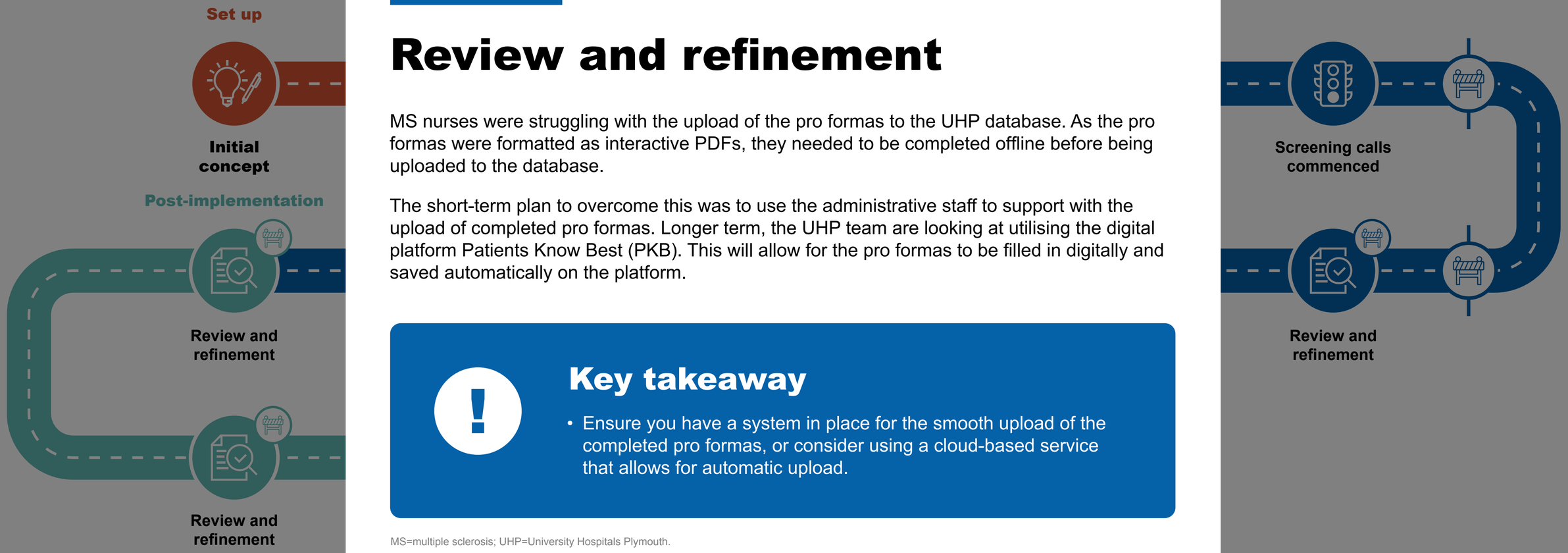
NHS
University Hospitals Plymouth
NHS Trust

The journey to

e at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser

ake your way through the steps involved
were overcome.



Review and refinement

MS nurses were struggling with the upload of the pro formas to the UHP database. As the pro formas were formatted as interactive PDFs, they needed to be completed offline before being uploaded to the database.

The short-term plan to overcome this was to use the administrative staff to support with the upload of completed pro formas. Longer term, the UHP team are looking at utilising the digital platform Patients Know Best (PKB). This will allow for the pro formas to be filled in digitally and saved automatically on the platform.

Key takeaway

- Ensure you have a system in place for the smooth upload of the completed pro formas, or consider using a cloud-based service that allows for automatic upload.

MS=multiple sclerosis; UHP=University Hospitals Plymouth.

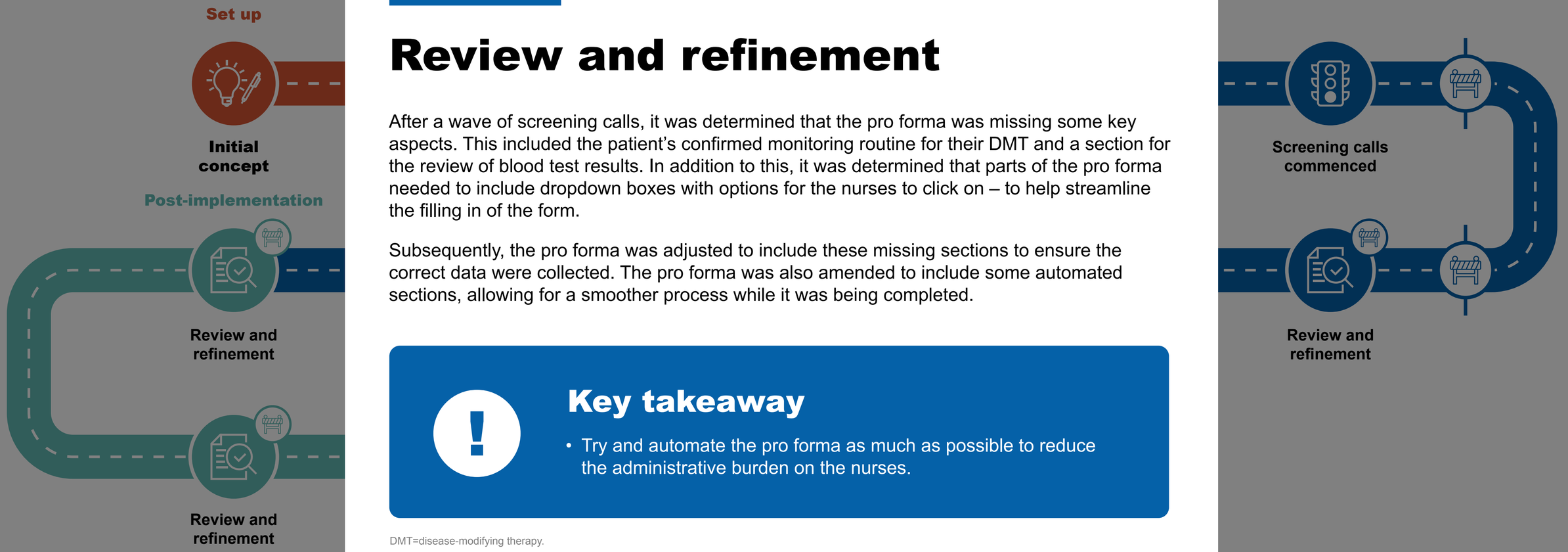
NHS
University Hospitals Plymouth
NHS Trust

The journey to

e at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser

ake your way through the steps involved
were overcome.



Review and refinement

After a wave of screening calls, it was determined that the pro forma was missing some key aspects. This included the patient's confirmed monitoring routine for their DMT and a section for the review of blood test results. In addition to this, it was determined that parts of the pro forma needed to include dropdown boxes with options for the nurses to click on – to help streamline the filling in of the form.

Subsequently, the pro forma was adjusted to include these missing sections to ensure the correct data were collected. The pro forma was also amended to include some automated sections, allowing for a smoother process while it was being completed.

Key takeaway

- Try and automate the pro forma as much as possible to reduce the administrative burden on the nurses.

DMT=disease-modifying therapy.

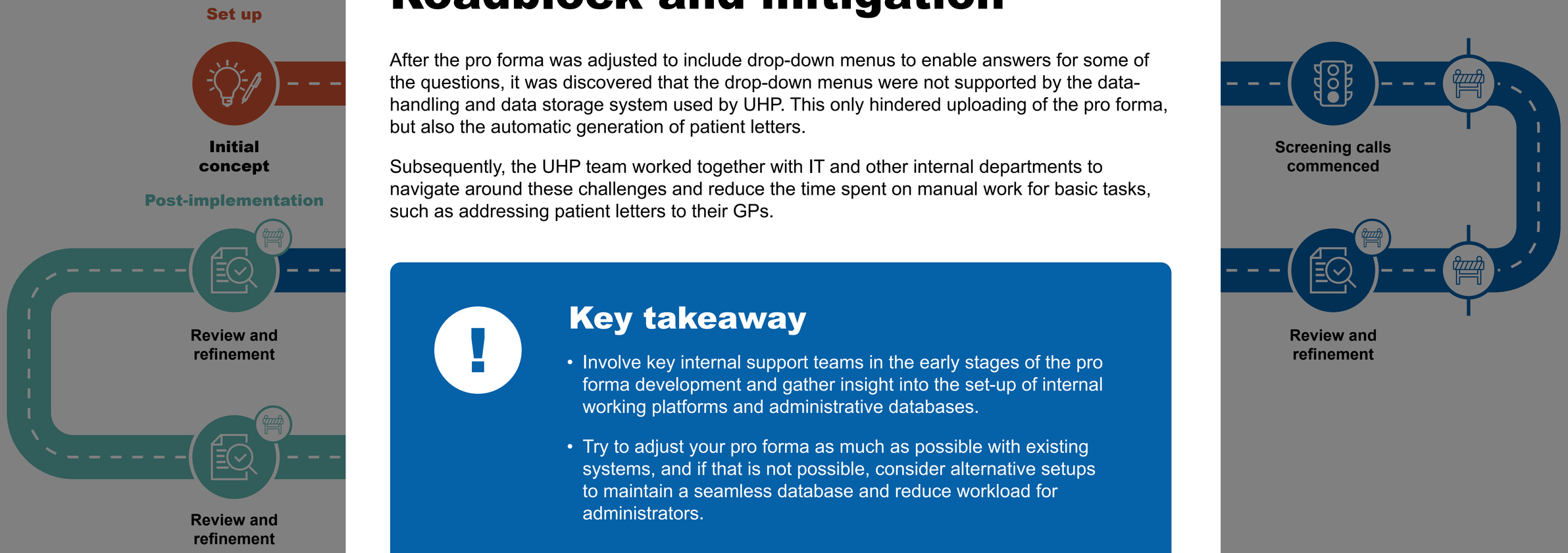
NHS
University Hospitals Plymouth
NHS Trust

The journey to

e at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser

ake your way through the steps involved
were overcome.



Roadblock and mitigation

After the pro forma was adjusted to include drop-down menus to enable answers for some of the questions, it was discovered that the drop-down menus were not supported by the data-handling and data storage system used by UHP. This only hindered uploading of the pro forma, but also the automatic generation of patient letters.

Subsequently, the UHP team worked together with IT and other internal departments to navigate around these challenges and reduce the time spent on manual work for basic tasks, such as addressing patient letters to their GPs.

Key takeaway

- Involve key internal support teams in the early stages of the pro forma development and gather insight into the set-up of internal working platforms and administrative databases.
- Try to adjust your pro forma as much as possible with existing systems, and if that is not possible, consider alternative setups to maintain a seamless database and reduce workload for administrators.

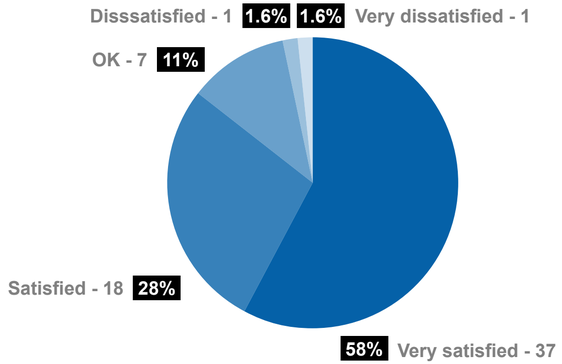
GP=general practitioner; UHP=University Hospitals Plymouth.

NHS
University Hospitals Plymouth
NHS Trust

Patient survey

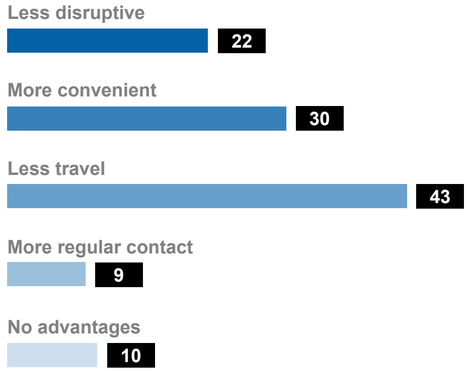
In order to gain some patient feedback on the service, UHP carried out a patient survey. Although there was some very positive feedback, there were also some learnings. This included that 25% (n=64 responders) of patients did not feel as though the appointment letter they received explained the change in service. This led UHP to improve their appointment letter to describe the new service in greater detail and to create a script for nurses to use at the beginning of screening calls to explain the change.

How satisfied were you with the way the telephone call was managed? (n=64 responders)



86% of those surveyed were satisfied or very satisfied with the way the telephone call was managed.

What do you think are the advantages of the change in service? (n=114 responses)



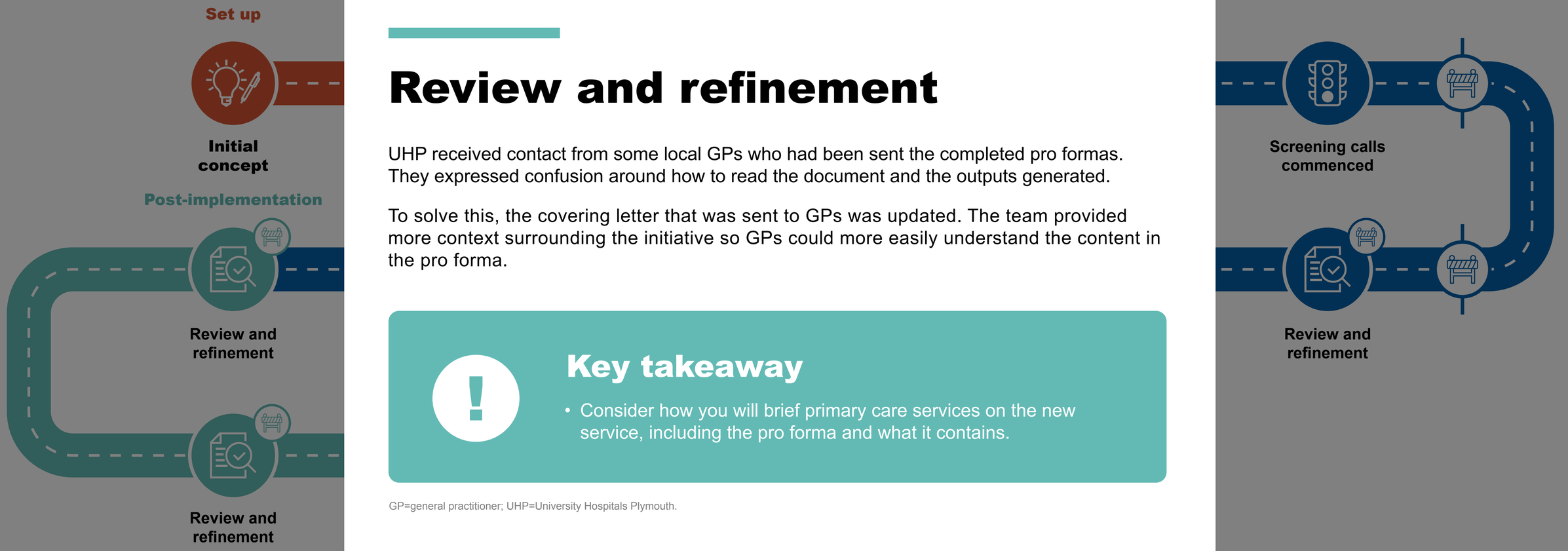
The majority of pwMS welcomed the lower level of disruption to their lives, increased convenience and reduced travel that call services provided.

PwMS=people with multiple sclerosis; UHP=University Hospitals Plymouth.
Data on File from University Hospitals Plymouth. Multiple Sclerosis Team Telephone Follow-Up Call: Response Analysis. December 2021.

The journey to setting up the MS screening service at UHP

The roadmap below provides an overview
in the formation of the fully functioning ser

ake your way through the steps involved
were overcome.



Review and refinement

UHP received contact from some local GPs who had been sent the completed pro formas. They expressed confusion around how to read the document and the outputs generated.

To solve this, the covering letter that was sent to GPs was updated. The team provided more context surrounding the initiative so GPs could more easily understand the content in the pro forma.

Key takeaway

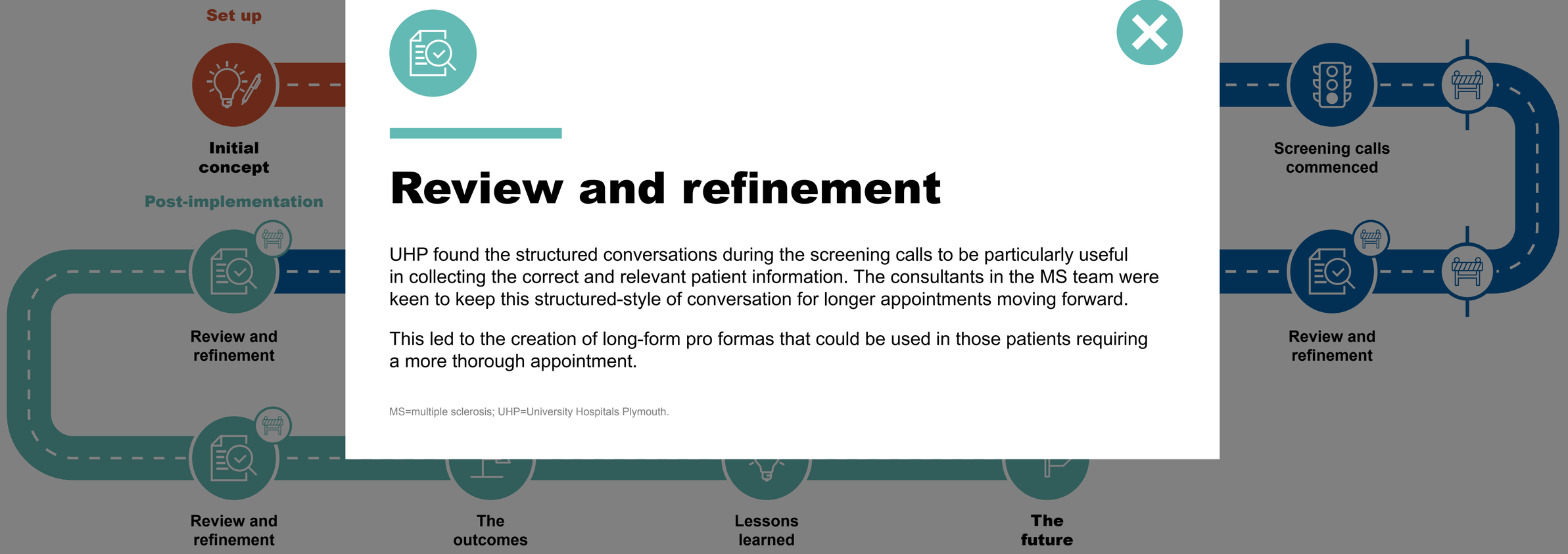
- Consider how you will brief primary care services on the new service, including the pro forma and what it contains.

GP=general practitioner; UHP=University Hospitals Plymouth.

NHS
University Hospitals Plymouth
NHS Trust

The journey to setting up the MS screening service at UHP

The roadmap below provides an overview of the process involved in setting up the new screening service at UHP. By clicking on the icons, you can make your way through the steps involved in the formation of the fully functioning service. In addition to this, you can see the challenges (‘roadblocks’) UHP faced along the way, and how these were overcome.



Review and refinement

UHP found the structured conversations during the screening calls to be particularly useful in collecting the correct and relevant patient information. The consultants in the MS team were keen to keep this structured-style of conversation for longer appointments moving forward.

This led to the creation of long-form pro formas that could be used in those patients requiring a more thorough appointment.

MS=multiple sclerosis; UHP=University Hospitals Plymouth.

NHS
University Hospitals Plymouth
NHS Trust

The journey to setting up the MS screening service at UHP

The roadmap below provides a
in the formation of the fully fun

ay through the steps involved
come.

Set u

Initia
conce

Post-implem

Review
refinem

Review
refinem

ening calls
mmenced

view and
inement

The outcomes

Largely positive response from patients

Smaller gaps between appointments and more patients seen

Referring more patients to support services

Spotting those patients not attending scans or blood tests

Greater recruitment to clinical research

NHS
University Hospitals Plymouth
NHS Trust

The journe

The roadmap below provides a
in the formation of the fully fun

Set u

Initia
conce

Post-implem

Review
refinem

Review
refinem

UHP

ay through the steps involved
come.

ening calls
mmenced

view and
inement

Lessons learned

Carefully manage patient expectations and effectively communicate the change in service and benefits

Create a pro forma that is suitable for your clinic and works well with existing hospital systems

Be mindful of administrative staff requirements to handle the increased workload

Effectively communicate call outcomes within an MDT setting to adjust treatment and call schedules as required

Adapt this pilot to suit your clinic needs and work with internal departments to ensure adequate support systems are set up at the beginning

MDT=multidisciplinary team.

NHS
University Hospitals Plymouth
NHS Trust

The journe

The roadmap below provides a
in the formation of the fully fun

Set u

Initia
conce

Post-implem

Review
refinem

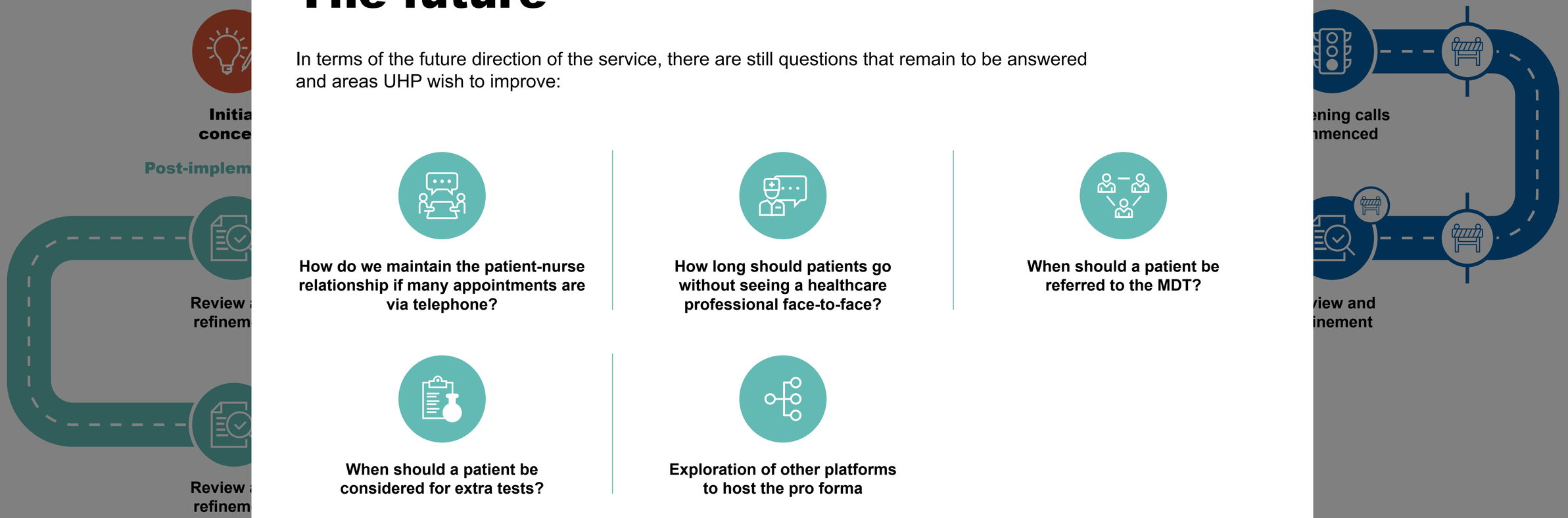
Review
refinem

UHP

ay through the steps involved
come.

ening calls
mmenced

view and
inement



The future

In terms of the future direction of the service, there are still questions that remain to be answered and areas UHP wish to improve:

How do we maintain the patient-nurse relationship if many appointments are via telephone?

How long should patients go without seeing a healthcare professional face-to-face?

When should a patient be referred to the MDT?

When should a patient be considered for extra tests?

Exploration of other platforms to host the pro forma

MDT=multidisciplinary team; UHP=University Hospitals Plymouth.

NHS
University Hospitals Plymouth
NHS Trust