HEALTH AND SPORT COMMITTEE
HEALTH AND CARE (STAFFING) (SCOTLAND) BILL
SUBMISSION FROM MS Society Scotland

About Multiple Sclerosis

Multiple Sclerosis affects more than 11,000 of us in Scotland and more than 100,000 of us across the UK. Symptoms usually start in your 20s and 30s and it affects almost three times as many women as men. In MS, the coating around nerve fibres (called myelin) is damaged, causing a range of symptoms.

Once diagnosed, MS stays with you for life, but treatments and specialists can help you to manage the condition and its symptoms. We don't know the cause and we haven't yet found a cure, but research is progressing fast.

At present there are 12 Disease Modifying Therapies (DMTs) licenced for use on the NHS in Scotland. DMTs can help reduce how many relapses you get and how bad they are. They can also slow down the damage caused by MS that builds up over time.

DMTs however are only effective for people with relapsing remitting MS. Around 85% of people with MS are initially diagnosed with relapsing remitting MS, and 65% of them will go on to develop a progressive form of the condition. Around 10 to 15% of people are initially diagnosed with primary progressive MS, symptoms gradually get worse over time, rather than appearing as sudden attacks (relapses) and at present there are no licenced treatments for this 1.

About MS Society

- The MS Society is here for people with MS, through the highs, lows and everything in between
- We have a free helpline - 0808 800 8000 and information can be found on our website www.mssociety.org.uk
- We’re driving research into more – and better – treatments for everyone
- Together we’re strong enough to stop MS

1. Do you think that the Bill will achieve its policy objectives?

It is our view that the Bill is a piece of enabling legislation which by itself cannot achieve its stated policy objectives. There are multiple, and often complex, factors which will impact on the successful achievement of the policy objectives. The Bill does not (and cannot) directly address the challenges of recruitment and retention within many parts of health and care sectors. The impact of Brexit, for example, cannot be foreseen at this point of time.

1 https://www.mssociety.org.uk/what-is-ms/types-of-ms
2. What are the key strengths of:
   • Part 2 of the Bill?

The Scottish Government has obviously deliberated on how best it can enable evidence-based tools to determine workforce planning. From the Policy Memorandum it is clear that current best practice is being modelled to enshrine current requirements as statutory duties. A realistic approach to adopting a new model is expressed within the Financial Memorandum: “Experience suggests it takes four to seven years to develop and sign off a new nursing and midwifery workload tool, depending upon the size and complexity of the service and number and types of issues identified during the testing phase.”

We welcome the duty to provide staff with information about the use of the methodology and the staffing decisions reached. In particular we welcome the fact that staff will be encouraged to submit views about the use of the methodology. The direct experiences of staff of working with people with neurological conditions such as MS can be harnessed to best shape a service which meets patients’ needs.

• Part 3 of the Bill?

The MS Society will leave other organisations with a direct locus in staffing in Care Services to offer their professional opinions on this part of the Bill. We welcome however the fact that a holistic approach is being taken to health and care service delivery by the Scottish Government.

3. What are the key weaknesses of:
   • Part 2 of the Bill?

We recognise that Health Boards are already expected to ensure that “staffing levels are appropriate for the care requirements of patients in their care” and that this Bill is making it “an explicit statutory duty”. It could be argued however that some optimistic assumptions have been made regarding resources required to deliver the policy objectives of the Bill. It is suggested that the Bill may “provide an opportunity to reduce spend on supplementary staffing, enabling a reallocation away from supplementary staffing towards funded establishment”. We believe this rationale needs further examination by the Committee during its evidence sessions.

MS specialist nurses play a vital role in the care and support of people with MS. They are responsible for initiating and monitoring treatment for people with relapsing forms of MS, providing information and support on how to best manage MS, co-ordinating care and on providing emotional support. People with MS regularly cite their MS nurse as their key contact for treatment, care and support.
MS specialist nurses also play an important role in the self-management landscape championed by the Scottish Government and in doing so help to reduce instances of acute admissions through monitoring and understanding of the condition.

The MS Trust recommends a ‘sustainable’ caseload of 358 people with MS\(^2\) per whole time MS nurse. Research in 2016 showed, only five of the 11 mainland health boards were deemed as having sustainable MS specialist nurse provision\(^3\). In areas where the caseload is deemed ‘sustainable’ it is important to remember that other factors such as rurality will have an impact on how a service should be designed and delivered.

The Bill states that if the new workforce planning tools “require an increase in staffing levels or a different skills mix Health Boards would be expected to consider the need for service redesign where appropriate”. We recognise that the Bill does not prevent Boards from allocating additional resources in such situations. It is challenging, however, to comfortably sit a service redesign based solely on cost alongside a duty which places an emphasis on “...the health, wellbeing and safety of patients…and the provision of high quality care”. We would have concerns in those circumstances of the potential impact upon MS services.

- **Part 3 of the Bill?**

The MS Society will leave other organisations with a direct locus in staffing in Care Services to offer their professional opinions on this part of the Bill.

4. **What differences, not covered above, might the Bill make? (for example: Will the Bill have any unintended consequences, will it ensure that staffing levels are safe, does the Bill take account of health and social care integration, how are ‘safe and high-quality’ assured/guaranteed by the Bill?)**

Opportunities exist for unintended consequences given the cross-cutting enabling nature of the Bill. If, for example, methodologies are better developed in one discipline over another will it lend itself to an imbalance in workforce planning? If the recruitment and retention issues within health and social care sectors, generally due to complex external factors, are not addressed then how can the Boards ensure that staffing levels are appropriate for the care requirements of patients in their care? On its own the Bill cannot guarantee that an appropriate care package will be available for a patient looking to return home after a spell in hospital. These are matters which the Committee may wish to take further evidence on.

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\(^2\) [https://support.mstrust.org.uk/file/MS-Specialist-Nursing-in-the-UK-2016.pdf](https://support.mstrust.org.uk/file/MS-Specialist-Nursing-in-the-UK-2016.pdf)

\(^3\) [https://www.mstrust.org.uk/health-professionals/ms-services-nhs/ms-forward-view/mapping-access-ms-services-uk](https://www.mstrust.org.uk/health-professionals/ms-services-nhs/ms-forward-view/mapping-access-ms-services-uk)