Inquiry into Technology and Innovation in the NHS

MS Society Scotland

Introduction

The MS Society Scotland welcomes the opportunity to contribute to the Committee’s inquiry into Technology and Innovation in the NHS. Our contribution focuses on a case study of work we are undertaking in Moray and feeds into two of the questions highlighted in the call for evidence: the opportunities that exist for the use of technology in health and social care and the barriers to innovation. The case study highlights the challenges being faced and the innovative approach of using technology to provide a valuable service to people with MS in Moray.

Access to MS Services

Across Scotland the majority of MS services are delivered in regional centres. This can cause problems for people with MS unless they live local to the regional centre, these issues are even more apparent in the more rural parts of the country partly as a result of the travel infrastructure.

As well as issues associated with the travel infrastructure certain symptoms of MS can make it more difficult to access services at a regional centre. One such symptom is fatigue; up to 93% of people with MS experience fatigue as a symptom. This can overwhelm people and mean that they have limited or no energy for a prolonged period after attending clinics. In some cases this can have an impact for up to a week after any clinic appointment. We know that some people choose not to attend clinics due to the impact the travel will have on their health. Problems with mobility are another issue that people with MS can face that will has an impact on their ability to travel long distances to regional clinics.

MS Services in Moray

The MS community in Moray is an example which highlights the direct impact that the barriers raised above can have on people living with MS. The comments below illustrate the feelings and frustrations felt by people in Moray and illustrate the reason why a high proportion of people with MS in Moray do not regularly access neurology or neuro rehab services.

"I had one appointment in Aberdeen Royal Infirmary and had to be transferred by stretcher using patient transport for 15 minutes appointment.”
“(I’ve had) negligible experience of interaction with Neurology. Most of this has been negative and very short appointments especially having travelled for an hour and a half (one way). It felt like the patient was wasting the neurologists time.”

“Energy low – shouldn’t have to waste that energy and stress fighting for access to care or working out how you can manage to get to Aberdeen appointments”

“We were also told that someone with MS fell asleep, as a result of their fatigue, at the infamous Haudagain roundabout in Aberdeen on their way to a Neurology appointment. This appointment lasted ten minutes.”

This feedback formed part of a consultation with service users who have MS. As a result a campaign group approached NHS Grampian to discuss improved access to both the Neurology and Neurological rehab services. In these discussions it became apparent that any improved access would need to be reliant on tele-health and tele-care opportunities.

**MS Neuro-Rehab Clinic**

Since early 2106 the MS Society, Moray MS Community and NHS Grampian have been working together to address some of the issues highlighted above and improve access to services in Moray. As a result planning is well under way to pilot an MS specific Neurological rehab clinic.

This clinic will be a multidisciplinary clinic with an MS Nurse, Physiotherapist and Occupation Therapist from Moray Health and Social Care partnership being present in Elgin with the Rehabilitation consultant being available via Video Conference (VC).

The negotiations for this have been protracted with numerous barriers becoming apparent throughout the process.

**Barriers to Implementation**

Although plans for the Neuro Rehab clinic via video conferencing have progressed and should result in a clinic being held later in the year there have been a number of barriers that have had to be negotiated to achieve this. These barriers have been both physical, in terms of available resource and suitable facilities, combined with attitudinal barriers.

The physical barriers that have been encountered will not be unique to Moray and the discussions with NHS Grampian. Many of these have been addressed effectively as a result of the flexibility of the local clinicians and service managers in Moray. Allied to this they have also displayed a willingness to adapt compromise and commit whatever resources they can to successfully deliver the VC clinic.

Having said this it is still necessary to record the barriers that have been faced;
1. Lack of suitable video conferencing equipment. This was raised in initial discussions with the Clinical Director of Neurology, the equipment used in Elgin was not of a high enough quality to effectively be used for VC clinics. This issue remains and could potentially mean that the clinic will be cancelled.

2. Lack of suitable VC clinic space in Dr Grays hospital in Elgin meaning that alternative venues have had to be found that have access to high quality VC equipment.

3. IT systems which are not accessible to all the clinicians that will be involved in the clinic. (NHS Grampian using one and the Community Occupational Therapists and Physiotherapists are using another).

4. Staffing the clinic, concerns were raised about budgets and who would pay for the additional staff to be present in Moray.

5. Lack of protocols for VC clinics

The attitudinal barriers that have been faced have also been resolved to some extent, however there needs to be a step change in how senior clinicians view and adapt to technology. The main barriers that were highlighted during discussions were;

1. Debate over who should provide funding for the service. As extra funding is provided via Service Level Agreements to run VC clinics for NHS Orkney and NHS Shetland there was a belief amongst clinicians that extra funding should be provided for any video conference clinic in Elgin. This is despite the fact that patients in Moray were already on the clinician’s caseload and would ordinarily be seen by NHS Grampian albeit at a face to face clinic in Aberdeen rather than via Video Conferencing.

2. That any service in Moray would lead to an internal postcode lottery within NHS Grampian as other rural communities would not have access to a similar clinic.

3. The need for services to be focussed at the regional centre.

Throughout the planning process the majority of these barriers have been addressed and removed but there remains an issue with the IT resources that are available and how these can be best utilised to enable clinics such as this to be as effective as possible.

**Benefits of VC Clinics for Patients in Moray**

The Committee will already be aware of the myriad of benefits that result from the local delivery of health care. However in the case of this specific MS clinic it will facilitate the following benefits;

1. Improve access to MS specific services for people who are unable to travel to Aberdeen as a result of their MS.
2. Improve coordination of care for individuals by providing a Multi-Disciplinary clinic with local Allied Health Professionals being in attendance and providing follow up care.

3. Allow people to reengage with MS specific services; there is a high percentage of people with MS in Moray who have made the decision not to engage due to the implications of travelling to Aberdeen.

4. Prevent hospital admissions by providing coordinated services and support to people before they reach crisis point. This is especially pertinent to those that currently don’t access services due to their location.

5. Reduce the impact that travelling to Aberdeen can have on an individual’s symptoms. E.g. reduce the impact of fatigue, reduced muscle spasms.

6. Reduce the need for patient transport from Elgin to Aberdeen.

7. Enable people to attend a clinic in their own wheelchair (patient transport cannot always take the patient’s own chair).

8. Reduce the impact on family and friends who take time off work etc to drive people to Aberdeen for clinic appointments.

Conclusions

The MS Society Scotland wants people to be able to access the services they need to manage their MS in the most appropriate place possible. For some people this will be a regional centre but for others this will be at their home or within their community. The use of tele-health and tele-care can help improve this equity of access and ensure no one misses out on the opportunity to access services. We have experienced varying success in trying to support services being set up and recognise that culture change is needed to achieve the goals of the Scottish Government in this regard – both in terms of attitudes of clinicians and administrators as well as expectations of patients. It is hoped that the continued drive towards Health and Social Care Integration should allow for increased joined up thinking and proliferation of tele-health and tele-care particularly in rural areas, helping to re-engage people currently lost to the health system.

About multiple sclerosis

- MS affects more than 11,000 of in Scotland
- MS is often painful and exhausting and can cause problems with how we walk, move, see, think and feel
- MS is unpredictable and different for everyone
- Multiple sclerosis (MS) is a condition of the central nervous system.
- In MS, the coating around nerve fibres (called myelin) is damaged, causing a range of symptoms.
- Symptoms usually start in your 20s and 30s and it affects almost three times as many women as men.
- 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.

About the 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