



Evaluation of NES/NCMS

Executive summary

Innovative Models of Care for people with MS.
Conducted by ICF for the MS Society

January 2020

Experts in MS

An introduction to the study

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.

The MS Society commissioned ICF to evaluate two innovative models of care and draw out learnings from their 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.

An introduction to the NES/NCMS model

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 living with long-term neurological conditions, including MS. Before the NES and NCMS were set up, there was a specialist city-wide speech and language therapy team and two small multidisciplinary teams. There was no city-wide, full multidisciplinary coverage. In 2010, the commissioner at the time wanted to establish a city-wide service encompassing both case management and therapy services with no age cut-off.

Clients can be referred by any professional, or they can self-refer if they have used the service in the past. The largest proportion of referrals are made by specialist nurses. Both the NES and NCMS are based at the same location, but the service provided by each is distinct.

NES is a Multidisciplinary, integrated team (MDT) including Physiotherapists, speech and language therapists, psychologist, occupational therapists, assistive technology specialist and administrative assistants.

NCMS is made up of three specialist case managers with senior clinical psychology input. The team focusses on patients with complex needs. Case management is a multiagency approach and works across Health and social care, third sector providers, housing and emergency services.

The evaluation

The evaluation was carried out between June and September 2019. This report provides a snapshot evaluation of NES/NCMS for this period. Qualitative interviews were carried out with **26 people** in total. These included a mixture of patients, family carers, MS nurses, commissioners and NES and NCMS staff.

Evaluators also **assessed various materials** provided by the NES and NCMS, including background information and the types of feedback collected, and **reviewed other services available for people with MS across Yorkshire and the Humber** based on service mapping carried out by the MS Society's regional lead for the area.

Summary findings

Patient caseload is 245 (NES) and 145 (NCMS) as of September 2019. Of these, there are currently 62 NES patients and 27 NCMS patients with MS. There are 14 patients accessing both NES and NCMS.

Innovative aspects of the service

A multidisciplinary team specialising in long term conditions.

At NES a broad range of disciplines provide multiple inputs and working in the same location means that the team have close working relationships. They can discuss the care a patient is receiving and ask each other for advice informally, helping to avoid unnecessary referrals and saving time.

Managing needs of the individual

The support provided by the NES and NCMS teams is highly personalised and the positive impacts are highly specific to an individual, their life and their priorities. NCMS takes a multiagency approach in identifying and coordinating the services that an individual needs. Case managers work across **all areas of an individual's life**, working with multiple agencies across different sectors. **Coordinating the services an individual needs** optimises the effectiveness of interventions as the patient is seen at the right time.

Assessments, goal setting and care planning

Goals are person-centred and focus on what is important and achievable for the individual. Home appointments mean that patients can work with therapists in a familiar environment.

NCMS care plans relate to the other services and individuals involved in the delivery of care, and their responsibilities.

Co-production is integrated into service development

Patient feedback is used not only in care planning and goal setting but also embedded in the service development to drive improvements to care and quality. Patients input is gathered through regular surveys on patient experience and communications, and readers panels.

Impacts on patients and families

Through interviews with patients and commissioners we were told that a good service for people with MS should be highly accessible, such as reducing the burden on patients to travel; and supporting patients and their families to live in the way that they want, which means being tailored to the individual and supporting with self-management.

The impact of co-production and patient input

Service users felt valued when being asked to take part in identifying service improvements, believing that it demonstrated a high level of care for people using the service, and they felt it illustrated a commitment to continually improve.

Supporting self-management

Personalised care supports the self-management of a long-term neurological condition. Both patients and staff acknowledge that it can be challenging for patients to sustain the self-care required to best minimise the negative impacts of the symptoms of their condition. Setting goals that are meaningful to an individual NES provide both an incentive and an eventual outcome which patients themselves can understand and observe.

The ripple effect

While the key aim of the service is to support individuals to meet their short-term 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'.

Being diagnosed with a progressive long-term neurological condition like MS can mean individuals feel like things are only going to get worse. They reported feeling “lost” and increasingly restricted in what they could do. In some cases, this led to reduced confidence, a diminished social life and mental health issues. Support from the NES and NCMS helped to turn this around, with patients reporting improvements relating to multiple aspects of their condition which in turn impacted their overall quality of life. This had a knock-on impact on family carers, who felt reassured that their relative was getting

the right care and found the burden on them reduced where their relative had become more independent.

Impacts on the wider health service

In addition to benefiting patients, commissioners look for services that benefit the health service, in terms of working efficiently with existing services, improving existing services, reducing the burden on existing services, and being cost effective. These cohere well with the policy priorities outlined in the Long Term Plan for the NHS, such as the move towards more integrated primary and community care and the aim to reduce emergency admissions.

Reduced burden on other services

Patients often reported that the NES and NCMS have reduced their reliance on other health services, such as their GPs and hospital services, as they can contact the NES/NCMS directly when they have issues relating to their condition.

Limited evidence from staff interviews suggested that the coordination of care increases the efficiency of all the services an individual is involved with as the right people are brought in at the optimal stage of the patient pathway. However, the lack of quantitative data available means that further research is required to make conclusive judgments.

Impact on efficiency

The integrated nature of NES/NCMS helps to deliver good quality care more efficiently. A lack of quantitative data means that it is not possible to assess the scale of efficiency savings that the services make however indicative savings include: reduced administrative costs, better linking between services, more efficient use of services due to ease of communication, and interdisciplinary knowledge sharing for management of complex cases.

Challenges and suggested improvements

The research identified a number of challenges and suggested improvements for NES and NCMS. The primary challenge identified was **staffing**. This was particularly evident to patients accessing psychology, and the fact that case managers were only available for complex cases. Additionally different **data systems** create difficulties for health professionals.

Suggested improvements that could be implemented by NES and NCMS included introducing **patient follow-up** protocols, increased signposting and provision of **information**, increased awareness of individual **care plans**, and more out-of-hours provision to increase **carer involvement**.

Translation to other areas

We hope that by identifying and sharing the results of these evaluations we can provide a toolkit of interventions to improve service provision for people with MS across the UK. Based on interviews with commissioners we identified several factors to consider for translation to other areas in the UK including **patient population**, **geography (rural vs urban)**, **strategic priorities**, **inclusion of psychology**, **data systems**, and **building links between existing services**.



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