



Evaluation of NeuroResponse

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 NeuroResponse model

NeuroResponse (NR) was established in response to a significant population of people with MS in the local area and an independent audit which revealed that UTIs were a leading cause of unplanned hospital admissions among people with MS, with negative impacts on people's health and wellbeing as well as significant cost implications for the NHS.

NR is a social enterprise organisation that aims to improve the lives of people with neurological conditions, including MS. It is delivered in partnership with LCW (an unscheduled care collaborative that incorporates aspects of the 111 service). NR provides urgent care for people with MS that can be accessed 24/7 through the 111 telephone number and delivered by IUC (integrated Urgent Care) GPs.

The service represents a new way to support people with MS with common MS-related issues including UTIs and relapses. Innovative aspects include the use of technology to link in with existing services, the creation of digital care plans and bespoke QR labels, the use of couriers, the provision of out of hours specialist care and the co-design of the service with people with MS, staff and commissioners to ensure the service addresses local population needs.

Pilot and roll out

Following a trial with a small number of patients in Camden, NR has been introduced to Barnet as “Phase One” of its expansion. NR aims to sign up 500 people with MS in the local area. Their agreed goal for a cohort of 500 people is to reduce unplanned hospital admissions for UTIs by 24 and unplanned hospital admissions for relapses by 8 in one year.

Use of co-design in service development

NR worked with a patient co-design expert, using the King’s Fund evidence-based co-design (EBCD) methodology, to develop a service which would help to address the issue of UTIs for people with MS.

The evaluation

The evaluation was carried out between June and December 2019. This report provides a snapshot evaluation of NR for this period. Qualitative interviews were carried out with **16 people** in total including patients, carers and staff, and commissioners. An online survey was used to gain insight from 32 people with MS who had signed up to or used NR. Reflecting data availability at the time of writing, we utilised quantitative data for the period of May to September 2019.

Materials provided to by NR, including background information, demographic data, and academic studies was also reviewed for the evaluation. The NR team provided HES data, capturing the number of unplanned admissions and the number of bed days per admission for people with MS in Barnet between May and September for 2018 and 2019. Using NR service data, the team could show if and when these individuals had signed up to NR and their subsequent use of NR and emergency admissions. These were used to produce the case studies.

Summary findings

The NR patient population in Barnet is 75% female, 23 – 90 years of age (average 52) and has been living with MS for 1 – 57 years (average 18 years).

The evaluation investigated the patient and staff experience of NR, the impact on patients and families, the impact on the wider health service and the potential for NR to translate to other areas.

The overall experience of NR by patients and staff was positive. With NR patients giving an average score of 8.6 (with 1 being poor and 10 being excellent). People with MS felt they were treated with care and compassion by staff, and that staff were generally knowledgeable about MS. Service users and their families also identified a positive impact on their health and wellbeing. Health impacts were related to the more targeted and faster response that NR is able to offer compared to other health services. People with MS and their families told us about the reduced stress, increased peace of mind and increased confidence that they, or their friends or relatives, have experienced through being able to sign up with NR. Survey responses identified that at this stage engaging with potential service users through healthcare professionals is the most successful route to sign up.

Interviews were conducted with current IUC GPs and medical professionals involved in the Camden pilot. Respondents had dealt with between one and eight NR patient calls, and the level of understanding of the service varied.

Overall, the IUC GPs interviewed felt that the NR process was “a good process in theory”, although they identified several challenges in delivering the service in practice. There were mixed reports on how well the different parts of the service are working together, including the links between the GPs, the laboratory and the couriers.

Key challenges identified by the IUC GPs in delivering NR included: training, level of specialist MS knowledge, technical issues, and understanding the process. These are investigated further in the report.

Interviews with commissioners identified two key features of good quality services for people with MS. These included being **highly accessible**; and **supporting patients and their families to live in the way that they want**.

In interviews people with MS mentioned difficulties in accessing some traditional health services, such as getting to the GP or going to a walk-in clinic, due to mobility issues. Similarly, a medical professional involved in the Camden pilot noted that hospital admissions can be traumatic for both patients and carers. One person with MS highlighted that the long waiting times at other services can impact other areas of their lives, such as interfering with work. NR addresses some of these issues by being a remote service.

Identifying unmet need

One medical professional felt NR was able to identify unmet needs in the community, including carer needs. Similarly, the Clinical Lead of NR noted that they have been able to identify carer needs and wider psycho-social issues, including poverty. They have worked with regional welfare officers to apply for grants to get support where these issues are identified.

Those people with MS who responded to the survey that the health services they were using **did not** meet their needs provided a range of reasons: awaiting referral for disease modifying therapy (DMT); the lack of treatments available; not receiving sufficient physiotherapy; recurring issues with infections; and the lack of visits by the MS nurse.

Impacts on the wider health service

70% of survey respondents who had used the service said they would have gone to their GP if NR wasn't available to them.

HES data for May to September 2018 and 2019 was provided by NR. The data shows unplanned hospital admissions and total bed days for people with a diagnosis of MS and symptom code of 'UTI'. Although low numbers, there is a trend decrease in the number of both unplanned hospital admissions and total bed days between the 2018 and 2019 data.

An assessment of cost-effectiveness was not conducted in this evaluation however a previous cost-utility analysis of NR was conducted by the Department of Applied Health Research at UCL. This showed that NR was cost effective in managing UTI, sepsis and relapse in people with MS.

As well as the potential to reduce the cost of treating MS, NR also has the potential to impact the health service in other ways. In particular the evaluation investigates the potential to upskill generalists through the NR training programme. Raising the MS specific knowledge base. Additionally, more appropriate and reduced use of antibiotics due to faster and more specific testing of urine samples.

Challenges and suggested improvements

The research identified a number of challenges and suggested improvements for NR. The challenges faced by NR included **awareness of the service, clarity about processes, training, technical issues, and resources**. From interviews with patients, families, carers, healthcare professionals and commissioners some of the suggested improvements included **improve awareness locally** and **clarity of information** about the service for users, increase **awareness of training** provision for IUC GP's and **improved IT** systems. Lastly the Clinical Lead hopes that the service will be expanded in the future to cover a greater range of people and medical issues, which coheres with the idea of “generalist specialist” services put forward by a commissioner. Similarly, a person with MS suggested that the service be expanded to cover people who are living just outside of the local area but access health services in the area.

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, medical professionals with experience of the NR pilot, and the NR Clinical Lead, we identified several factors to consider for translation to other areas in the UK including **patient population, identifying local issues, working with local healthcare professionals, ensuring leadership, and raising awareness of the service**.



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Contact us

MS National Centre 020 8438 0700
info@mssociety.org.uk

MS Helpline Freephone 0808 800 8000 (weekdays 9am-9pm)
helpline@mssociety.org.uk

Online

mssociety.org.uk
facebook.com/MSSociety
twitter.com/mssocietyuk

MS Society Scotland

0131 335 4050
msscotland@mssociety.org.uk

MS Society Northern Ireland

028 9080 2802
nireception@mssociety.org.uk

MS Society Cymru

mscymru@mssociety.org.uk

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