



FES in action

Examples of FES services in the UK

May 2022

Experts in MS

FES Assessment Clinic St Richards Hospital, Chichester

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Background

Historically in this area, patients had been unable to access funding through their local CCG, therefore the only way to access provision of FES in West Sussex is for a referral to Queens Square FES clinic in London or to self-fund via Odstock Medical in Salisbury. The assessment clinic at St Richards hospital was set up to help with the decision making with these referrals.

Being assessed and triaged in a local clinic allows us to see if there is therapeutic benefit with FES for that patient, before an onward referral for provision is made, helping to manage referrals. It also gives the patient the opportunity to trial FES; seeing if they like it, if they feel it would benefit them, practically if it will work for them and some of the challenges with it. This helps to make an informed decision and prevents unnecessary travel to London for those individuals it didn't work for or that didn't like it.

Service description

The service provides FES assessment of patients with walking difficulties, mainly with drop foot. The majority of conditions seen are MS and stroke, but other neurological conditions are assessed too if appropriate.

Referrals come from neurologists and rehabilitation consultants; other MDT colleagues; community and neurological out-patient physiotherapists; and MS specialist nurses. If the assessment is

successful and the patient would like to pursue referral on to Queens square FES clinic, the assessing physiotherapist refers back to the patient's neurologist/consultant with supporting information for the referral to be made.

There is one assessment appointment available each week.

In-patients will also have access to assessment if this is deemed appropriate by their treating therapists before their discharge. This speeds up the referral process.

The in-patient neuro-physiotherapy team are starting to use electrical stimulation therapeutically as an adjunct to therapy.

Caseload numbers:

January 2021 to September 2021 = 11 patients (lower numbers due to minimal face to face appointments available within the acute trust due to the pandemic)

October 2021 to April 2022 = 15 patients

Patient experience and outcomes

Patients find it beneficial to have tried FES before a referral is made. The majority of people have a positive response and immediately feel the benefit with FES on.

The main benefits people feel are:

- their walking pattern improves
- their speed of walking improves
- their confidence improves while walking, perhaps being able to walk and talk
- less risk of tripping on foot, therefore less risk of falls
- improvements in balance
- reduction in associated pains due to change in walking patterns
- reduction in fatigue, walk further for longer
- positive influence on quality of life

FES doesn't work for everyone. However the people who didn't find FES beneficial are still pleased to have been able to trial FES as they have often heard a lot about it from their peers. They are also better informed for the future, when FES may be beneficial, ensuring they know they can be referred back into clinic.

As the FES provision and follow-up is provided by Queens Square, long term outcomes for patients are unknown in this area, other than anecdotal feedback from patients who have had very positive effects on their quality of life.

Costs and savings

Costs:

- 1.5 hours of band 8a clinical specialist time a week (including administration time for referrals on)
- Training to ensure maintaining competencies and up to date
- Consumables (electrodes, batteries, foot switches)

Savings:

- Possible link to reduced falls, therefore potential reduction in A&E attendance and hospital admission
- Possible reduction in care needs

Do you agree that FES should be widely available for all people with MS who could benefit?

Absolutely, FES can have significant positive effects on a person's quality of life. People are being referred earlier to clinic when they are starting to have problems with their walking, which is helping reduce the longer term problems of walking with a compensated walking pattern, such as pain and muscle shortening. This seems to help people to keep walking for longer.

Although FES is not a cheap intervention compared to an off the shelf orthotic, the positives far outweigh the cost in relation to quality of life, facilitating people to continue working, reduction in falls and resultant admission to hospital, possible reduction in care needs. It is likely FES reduces the long-term costs in patients across their whole pathway.



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 **Let's stop MS together**