



FES in action

Examples of FES services in the UK

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Experts in MS

Mobility and Specialist Rehabilitation Centre, Northern General Hospital, Sheffield

Information provided by Alison Clarke, Clinical Specialist
Physiotherapist/Gait Lab Manager at Mobility and Specialist Rehabilitation
Centre, Northern General Hospital, Sheffield.

Background

The service was set up in 2005 and has grown significantly over the years. It was set up to provide patients with access to specialist staff and FES to enhance their functional ability.

Service description

We provide Lower Limb FES (FES for walking) and Upper Limb FES (FES for arm rehabilitation) within the clinics, for a wide variety of medical conditions. (Upper Limb FES for people with MS is not generally funded by NHS Commissioners and so the majority of this document will refer to the FES for walking. We are very happy to discuss UL FES with patients, if required, on an individual basis).

The service covers a very large geographical area which includes South Yorkshire, Lincolnshire and the Humber, Leicestershire, Derbyshire, North Nottinghamshire and West Yorkshire.

We provide FES muscle stimulators on an outpatient basis, for people to use in their daily lives. The service is staffed by a team of Physiotherapists and Clinical Scientists. The specialist team provide regular outpatient reviews with equipment provision and adjustment, a

telephone support service and detailed reviews of holistic walking ability and subsequent advice.

The clinics run daily and there are about 5 new patients attending every week. The remainder of the appointment slots are review patients. Around three quarters of our patients are people with MS. This amounts to several hundred on our case list.

Patients are referred in either by the FES Clinic referral form or a clinical letter. Referrals can be made by a Senior Physiotherapist or Occupational Therapist, Hospital Consultant or Registrar, or by a Specialist Nurse. The referrals are screened in the clinic and then processed. Some can be allocated appointments straight away and some require funding securing initially. This depends on the patient's local Clinical Commissioning Group (CCG). As we cover such a large area, there are numerous CCGs to liaise with and numerous procedures to follow. We have been doing this for many years and have established pathways for funding requests.

Patients are assessed, given the FES to use at home if appropriate, and regularly followed-up for as long as they need the FES. One very useful aspect of the FES is that the set up and the many stimulation parameters on the units can be adjusted as someone's walking changes, so optimising the walking pattern.

Key ingredients of the service:

- Providing an holistic appointment, with the emphasis on FES, by a multidisciplinary team.
- The service is very patient centred.
- Staff specialist in FES, mobility issues and rehabilitation.
- Close liaison with CCGs regarding funding pathways and contracting.
- An engaged and friendly team, who support each other. (Particularly important to ensuring good clinic utilisation and staff welfare).

Patient experience and outcomes

This is a huge section and I have included bullet points below.

Patient's frequently report:

- Reduced trips and falls.
- More walking and especially more outdoor walking.
- Able to do more activities with friends and family.
- Increased confidence walking.
- Easier walking and less fatigue when walking.
- Less reliance on other people.
- A reduction in pain, especially back and hip pain.
- Able to keep walking for more months/years than if they did not have the FES.

We have previous patient related work, including patient satisfaction surveys. In general, patients were highly satisfied with the service they received.

Costs and savings

There are several different types of appointment within the service that are all funded at cost. The appointment costs include staffing, FES stimulator and consumables, length of session, telephone support service, accommodation overheads and added Hospital Trust costs. These will be individual to each service dependant on their service configuration and local costs.

I have provided examples of cost savings in the past when submitting evidence for contracting discussions, such as reduced falls, reduced care costs and potentially reduced admissions.

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

Yes. Everyone who fits the referral criteria to a service should be given the chance to try any intervention that may be suitable.



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Contact us

MS National Centre

020 8438 0700

info@mssociety.org.uk

MS Society Scotland

0131 335 4050

enquiries-scotland@mssociety.org.uk

MS Helpline Freephone

0808 800 8000

(weekdays 9am-9pm)

helpline@mssociety.org.uk

MS Society Northern Ireland

028 9080 2802

nireception@mssociety.org.uk

Online

mssociety.org.uk

facebook.com/mssociety

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MS Society Cymru

mscymru@mssociety.org.uk

 **Let's stop MS together**