

University Hospital Birmingham NHS Foundation Trust

University Hospital Birmingham HS Foundation Trust - Executive Summary

Project Name: Supporting the MS Service with Pharmacist staff Joint working

Project Summary:

The Joint Working aims to recruit a multiple sclerosis (MS) Pharmacist to support the Trust MS service with the management, review, and follow-ups of MS patients. This will address the staff shortages being experienced by the Trust and help tackle the backlog of patients.

Specifically, via integrating the MS Pharmacist into all aspects of the service, the Joint Working aims to:

- provide triaging and screening resource to review referrals and provide recommendations at multidisciplinary team (MDT) meetings;
- improve patient outcomes and experience by reducing time between referral, diagnosis, and treatment, and increasing awareness of the MS pathway and empowerment of their care;
- supporting the pharmacist team with management of patient databases

Planned Milestones:

Milestone	Description
1	Project kick off meeting and set up of subsequent quarterly reviews
2	Recruitment of pharmacist and baseline measurements submitted
3	Clinical initiation
4	6-month data collection
5	12-month data collection
6	Business case submitted
7	Project Outcomes Summary completed

Expected Benefits:

Expected Benefit to Patients

- Improved patient outcomes due to faster time from referral to treatment time;
- Improved access to NICE recommended therapy;
- Enhanced patient experience of the NHS MS service by reducing unnecessary waiting times.

Expected Benefits to NHS

- Improved quality of care;
- Reduction in patient waiting lists;
- Improved MDT efficiency and outcomes;
- Improved experience of staff by spreading workload
- Improved recovery of BlueTeq income
- Increase in Clinical Nurse Specialist appointment activity
- Increase in Pharmacist activity

Expected Benefit to Novartis

- Learnings relating to the involvement of MS Pharmacists at MDTs;
- Better understanding of overall customers' and patients' needs;
- Optimal use of medicines (including Novartis medicines) in appropriate patients.

Start Date & Duration: 18 months from June 2022 – November 2023

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University Hospital Birmingham HS Foundation Trust - Outcomes Summary

Project Name: Supporting the MS Service with Pharmacist staff Joint working

Partner Organisation(s): University Hospital Birmingham NHS Foundation Trust

Completion Date: 7th December 2023

Outcome Summary:

The integration of the Multiple Sclerosis (MS) specialist pharmacist into the MS service has allowed easier access to pharmacy advice for the whole clinical team, enabled pharmacist input at multidisciplinary team meetings and freed up nursing time from prescribing parenteral injections on the infusion suite. This has allowed more nursing time to be focused on patient centered care. In addition, there has been a reduction in the backlog of blueteq form completion and an update of the patient databases to enable prompting of required MRI scans for eligible patients and repeat Blueteq submission annually.

Key Project Outcomes Summary:

- The MS pharmacist prescribes all the infusions for MS patients receiving therapy on the infusion suite, thereby freeing up prescribing nurse time for other clinical duties. On average over the course of the year this equates to sixty prescriptions per week.
- All the medicines information queries for the MS team are now completed by the MS pharmacist.
- There has been a 60% reduction in outstanding Blueteq forms since the pharmacist has come into post.
- Funding has now been secured for continuation of the MS pharmacist post.

Outcomes:

The introduction of the MS Pharmacist role has allowed an additional clinic capacity of two clinics per month.

This has ensured a larger number of patient can be seen by trust staff.

Although average referral to treatment time has not significantly reduced due to the complex hub and spoke nature of the service provided, patients are benefitting from being able to be seen closer to home. Patients are seen by the local MS team, referred to the Hub MS Multidisciplinary Team (MDT), then patient education and counselling is provided by the team closest to the patient, in line with care closer to home targets.

100% of Blueteq forms now have the MDT box ticked as all patients are reviewed by the MDT prior to treatment initiation.

Number of prescriptions completed by the pharmacist increased during the initial six months of the project. On average, for the year, the pharmacist completed sixty prescriptions per week including blood test and MRI escalation.

The pharmacist has benefitted the whole MS team by freeing up MS nurse time, enabling thirty patients per month to attend Saturday infusion clinics. In addition, the alleviation of burden on the nurse team by the MS Pharmacist has enabled faster response times to the MS nurse phone line. The pharmacist has also taken responsibility for answering all medicines information questions from the MS team.

Throughout the project there has been a 60% reduction in uncompleted Blueteq forms at the trust and a 100% reduction in uncompleted blueteq forms for parenteral therapies delivered on the infusion suite.

Queries submitted to Medicines Information have also been reduced by 100%.

The project cross functional team adapted two of the metrics to enhance the operational effectiveness of the service as follows;

1. Although the MS Pharmacist originally planned to undertake patient consultations, the MS improvement service prioritised the pharmacist's time to focus on prescription writing for the infusion suite. This resulted in the freeing up prescribing MS nurse's capacity to see more patients in clinical settings; either in clinic, via the telephone, on wards or on the infusion suite. A pharmacist led MS clinic will be established as a 'next step' in the development of this role.
2. Patient satisfaction surveys were deprioritised by the team as there had been numerous changes to personnel and continued pressures on the service due to Covid backlogs. These will be progressed at a later date.

Quote from Partner:

Rebecca Tongue: "Funding an independent prescribing pharmacist to work with the MS team for the year has enabled the team to prove that a pharmacist is an integral team member who can work with the whole team to enable better patient care, prescribe infusions for administration within the trust, aid with Blueteq completion, update internal patient databases and improve them allowing better highlighting of when resubmission of Blueteq or MRI scanning is required. Once our planned multidisciplinary clinics become operational, the pharmacist will be embedded in them as an integral member of the MS clinic team."

Dr Niraj Mistry: "Bek has already made a substantial and material impact in the MS team, helping us overcome existing service provision shortfalls. Her continued involvement as an integral member of the team is essential to our long-term service reconfiguration plans, in anticipation of current and future demands that our service must address safely and promptly."

Conclusion:

The introduction of the MS pharmacist post has provided added value to the MS service. The integrated pharmacist has allowed nurses to complete more patient-centred tasks and enabled easier access to medicines advice for the whole team.

The pharmacist role is integral to further developing the current hub and spoke service model to meet the needs of current and future patient cohorts.

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