

Locally Enhanced Service for Multiple Sclerosis

Reference: LES29

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1. Financial Detail

This specification is for the financial year 09/10 and refers to a Locally Enhanced Service for Multiple Sclerosis. Practices will be able to participate in providing this specification on two basic levels and will be remunerated accordingly.

The initial level involves developing a register of patients with an existing multiple sclerosis diagnosis (and to which newly-diagnosed patients will be added). Practices eligible for this specification will have completed this initial level and set-up their MS register.

The higher level of service partially follows the content within the National Enhanced Service Specification. Participating practices will receive £97.60 per MS patient per annum where they provide the specified level of service. This will be paid quarterly based on the number of diagnosed MS patients under the practices' care.

2. Service Aims

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

Evidence shows that:

- Multiple sclerosis (MS) is the most common cause of chronic neurological disability in young adults, with a prevalence of about 1 in 1000. About 50 per cent of patients are unable to walk without assistance 15 years after onset. (1) Overall, MS affects approximately 85,000 people in the United Kingdom, and is 50 per cent more common in women than men. In the majority of cases, MS is relapsing and remitting. However, around 40 per cent of people with MS develop secondary progressive MS, which can cause disability, poor co-ordination and a range of other symptoms, including deterioration in sight. Around 15 per cent of MS sufferers have the primary progressive, or chronic progressive, form of the disease. They will experience rapidly worsening symptoms and progressive disability from the start, and are likely to have a reduced life span. (2)
- During the course of their illness, up to half of MS patients suffer from depressive symptoms of sufficient severity and duration to warrant a diagnosis of major depression. (3) This far exceeds the incidence for patients with other neurological disorders.
- Patients with MS suffer a variety of complications, for example urinary tract infections and pressure sores, which can be prevented by regular assessment. (4)

The main aim of the specification is to address proactively the physical health care needs of patients with MS, by ensuring they receive rounded health care and support. Where appropriate, the scheme should encourage the primary care team to work closely with the patient's carer(s), and to encourage closer interaction with other

support services.

3. Service Criteria

To be eligible to provide services under this specification, practices should have set up a register based on a computerised search for patients with an existing diagnosis of Multiple Sclerosis. There may be scope to register the severity of the condition and this information may also be useful in further developing the LES specification. It can, however, also be used as an audit and communication tool within the practice.

Practices providing care under the enhanced service will need to:

(i) Undertake regular assessment: This should be used to review physical symptoms; review the effect of medication, including use of steroids, painkillers, antidepressants, and drugs to relieve spasticity; and to check on the patient's broader health needs

(ii) Provide carer support: Carers should be supported, kept fully informed and encouraged and educated to play as full a role in the patient's care as they wish. Where appropriate, they should be regarded as an integral part of the team

(iii) Monitor personal health plans: Contribute to the monitoring of the patient's personal health plan. This plan includes diagnosis, disease type, investigations, current treatments, social support etc. This plan, reviewed and updated regularly, involves clinical and social support agencies

(iv) Undertake liaison with secondary care (MS Specialist Nursing) and social services: Where appropriate to do so, and with the patient's consent, the practice should regularly discuss the ongoing care of each patient with any other relevant agency involved. This will help to ensure "joined-up planning" to meet all of the patient's needs. It will help to reduce duplication of effort and give the patient a first point of contact for concerns or questions

4. Ongoing Measurement and Evaluation

Practices that wish to participate in this LES, will have set up a patient register for the service and will be required to report the patient numbers to the PCT on a quarterly basis.

All practices providing the more advanced level of service should provide an annual review. This could include:

- (a) an audit of the MS patient register, including a check on complications
- (b) a report on the existence of an appropriate care package
- (c) an audit of the effectiveness of symptom control techniques
- (d) feedback from patients on the MS register and their carers using a standardised questionnaire.

5. Signature Sheet

This document constitutes the agreement between the practice and the PCT in regards to this nationally directed enhanced service.

Practice Stamp

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCT:

Signature	Name	Date

