

Translating data into service change: Bladder & bowel management for MS

Sue Thomas | CEO, Wilmington Healthcare Commissioning Consulting
Ruth Stross | MS nurse specialist, Surrey Downs Health and Care

Introduction

- Bladder dysfunction in multiple sclerosis (MS) often results in distressing urinary symptoms that can seriously limit daily activities and have an adverse effect on quality of life.
- Hospital Episode Statistics (HES) data shows that emergency hospital admissions for MS bladder-related problems place a high burden on the NHS.
- The NHS Long Term Plan (NHS 2019) has emphasised the need to manage the rising demand for emergency care and reduce service variation.¹
- Use of data can help services to understand the driving factors for emergency admissions so that informed strategic decisions can be made about how to prevent these.
- The Covid-19 pandemic has challenged the way that services work and reduced patient contact which has challenged service delivery.
- Differing models of remote care are evolving to adapt to the changes required for non-face-to-face consultation.

Objectives

To highlight the burden that MS symptoms like bladder and bowel issues place on emergency secondary care in England and how targeted investment in improved detection and management of these could make a difference to patient wellbeing and services.

MS symptom management needs to be a priority

Many people with MS (PwMS) are admitted to hospital with complications linked to their MS symptoms. Most commonly these are largely avoidable problems like chest or urinary tract infection (UTI), constipation or bladder issues often relating to indwelling or intermittent catheterisation.

Episodes of non-elective care seriously affect quality of life and are associated with greater mortality risk. Ill health and can also trigger MS relapse, leading to more rapid accrual of permanent disability. Mounting disability impacts on employment and generates escalating care costs for health, social and personal care.

Methodology

We updated our annual analysis of HES data for PwMS who have been treated in hospital trusts in England during 2019/20. Figure 1 shows the rising trend of admissions.

It is already well established that PwMS are highly vulnerable to the comorbidities our analysis identifies, and yet despite this many services rely on costly, top-heavy secondary care for these individuals. Too many PwMS are needlessly reaching the point of crisis before receiving intervention.

The Covid-19 pandemic has resulted in new ways of working that involve remote consultation and non-face-to-face contact and highlight a real opportunity for better symptom management in MS.

Services that invest in proactive monitoring, management and self-care education for PwMS, will improve patient wellbeing while potentially making significant savings.

England data results

- Annual analysis of HES data continues to show a rise in MS admissions that may be preventable with proactive management.
- Emergency admissions account for 29% of all inpatient spells for PwMS.
- 1 in every 3 emergency spells for PwMS relates to:
 - Respiratory issues, e.g. chest infections, pneumonia, pneumonitis.
 - Bladder and bowel issues, e.g. constipation, urinary catheter complication.
 - Urinary tract infection.

Fig 1. Admission spells for PwMS in England

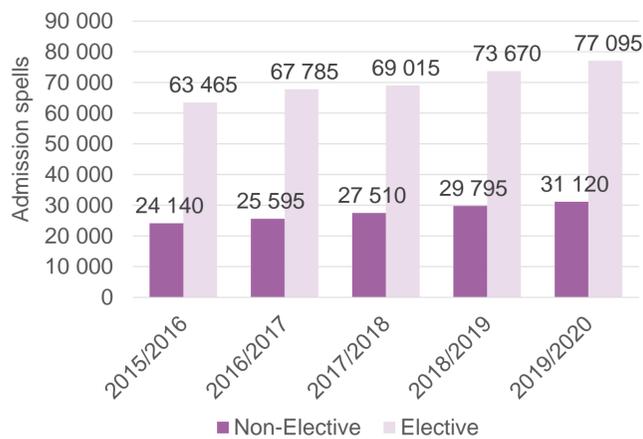


Fig 2. Emergency admission spells for PwMS in England (2019/20)

Emergency admissions	32,120
Average bed days	7.5
Avg cost / admission spell	£3,140
Total cost	£97.7 million

Fig 3. Primary reasons for emergency admission spells for PwMS in England (2019/20)

Reason	% of emergency admissions	Average cost per emergency admission spell	Total cost
UTI	9.5%	£2,710	£7.9m
Bladder & bowel issues	11.3%	£2,567	£9m
Respiratory issues	13.4%	£4,185	£14.7m

References

- NHS (2019) NHS Long Term Plan. www.longtermplan.nhs.uk
- Fowler CJ et al. J Neurol Neurosurg Psychiatry 2009;80(5):470-7.

Service example: Surrey Home UTI testing kits during Covid-19

The Surrey Downs Health and Care service developed home urine test kits for PwMS in 2020. Emergency admission spells for PwMS in the Surrey area are considerable year on year, totalling 690 in 2019/20 (see Fig 4). Unable to see patients at the start of the Covid-19 pandemic, the team were concerned there would be an increase in hospital admissions with a UTI. They also needed to eliminate urine infection as the reason for the change in symptoms. The test kit developed is designed to be simple, easy to use and can be adapted to each clinical team as needed.

The home urine test kit for patients in Surrey is designed for patients to self collect urine at home and email or call the service for the results. This is for patients with (1) a suspected UTI, (2) patients on a disease modifying therapy that require urine testing or (3) to rule out UTI if there is a suspected relapse.

The testing kit has been peer reviewed by local MS nurse specialists and practitioners and has had endorsement from the MS Trust and MS Academy.



"I am a community MS nurse specialist working alongside a neurorehabilitation team. To reduce unnecessary face-to-face contact we have either sent out a home UTI pack to patients by post or delivered via our physiotherapy colleagues on their urgent home visit appointments if clinically indicated. Patients have received results by email enabling their GP to then take an appropriate course of action."

"I believe this idea can be used on an ongoing basis for monitoring our patients while face-to-face contact is limited to ensure we do not miss possible UTIs. This will also avoid increasing the already pressured workload of GP practices and ensure we identify a problem early and ultimately prevent hospital admission."

Ruth Stross, MS nurse specialist

"...the process takes minutes not hours. The test was easy enough to administer... Overall, the remote testing is an emphatic thumbs up."

Male patient, 45

Fig 4. Percentage of UTIs admissions in MS emergency admission spells for PwMS in Surrey Heath and Surrey Heartlands CCGs



Prioritising MS bladder and bowel management opportunities for improvement

- The Covid-19 pandemic has presented opportunities to develop new remote possibilities for patient management.
- There are established UK guidelines for the management of patients with MS and urinary symptoms.²
- However there is the need for a long-term multidisciplinary approach involving MS specialist nurses, physiotherapists, rehabilitation physicians, urologists, neurologists and continence advisors so that these preventable problems can be addressed.
- Self-care, e.g. know the signs of relapse and seek urgent help can better support patients: www.mssociety.org.uk/about-ms/signs-and-symptoms/bladder/managing-bladder-problems
- More joint MS nurse and continence advisor clinics are needed to enable proactive management of bladder and bowel problems.
- Fast access to expert advice, i.e. MS specialist nurse proactive care and regular continence assessment is required to ensure faster access to treatment for suspected UTI.
- Regular reviews and support to identify problems early could be done by remote management