
Executive Summary

Measuring the burden of hospitalisation in multiple sclerosis: A cross-sectional analysis of the English Hospital Episode Statistics database 2009-2014

Sue Thomas, Geraldine Mynors, Siobhan Simpson, Nathan Meade, Amy Bowen

Acknowledgements

Sue Thomas,
CEO, NHiS Commissioning Excellence

Siobhan Simpson,
PhD student, School of Veterinary Medicine and Science
University of Nottingham on professional internship to NHiS

Nathan Meade,
PhD student, School of Biosciences
University of Nottingham on professional internship to NHiS

Geraldine Mynors,
GEMSS Programme Manager at the MS Trust

Amy Bowen,
Director of Service Development at the MS Trust

Adam Meads,
Healthcare analyst NHiS, Nottingham

Sarah Mehta,
Health writer, London

GEMSS Advisory Group for comments on the preliminary data analysis.



Biogen for the unrestricted educational grant.

Published by NHiS Commissioning Excellence and Multiple Sclerosis Trust

Date of publication: November 2015

Publication number: 0001

Executive summary

This report has been jointly written by NHIS Commissioning Excellence and the Multiple Sclerosis Trust to highlight how better, more cost-effective services can be delivered for people with MS.

Care for people with MS, especially unplanned care, is currently a huge burden to the NHS. In 2013/14 non-elective hospital admissions for people with MS in England cost the NHS £43 million.

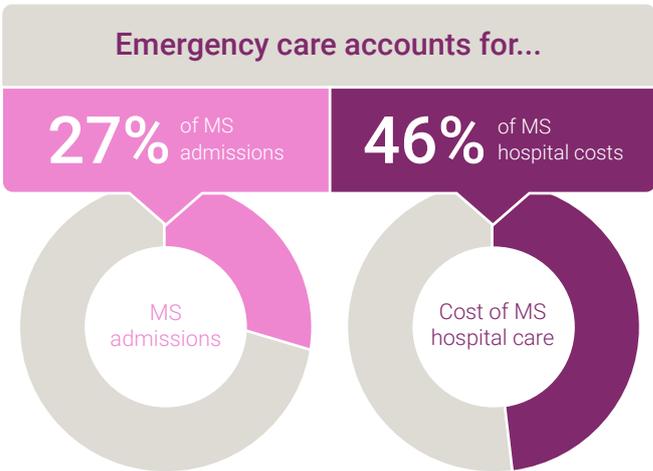
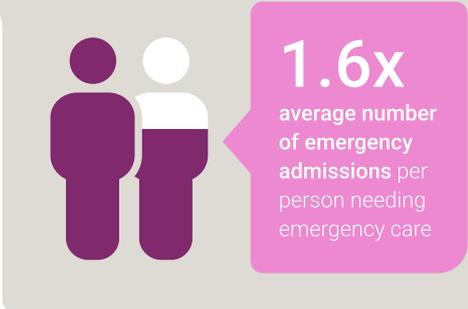
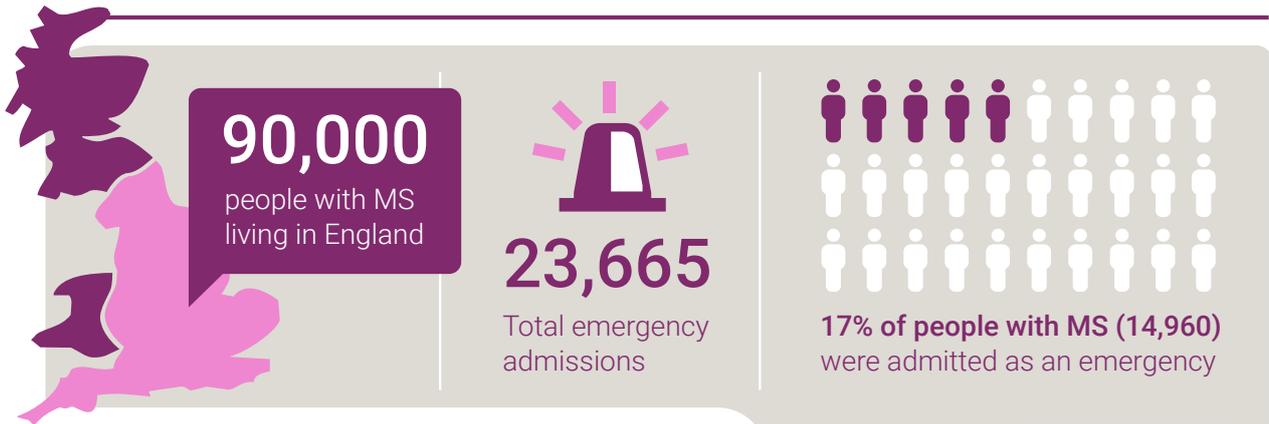
The most common reasons for these admissions are infections, urinary tract and respiratory, pneumonia and MS itself (including MS relapse). With more focus on anticipatory care, many of these costly admissions could be prevented and the quality of life for people with MS vastly improved. Furthermore the money saved could be invested in the provision of more proactive care.

An important factor is identifying at-risk patients and addressing the issues before the onset of a crisis. MS nurse specialists are ideally placed to identify this group of patients and provide proactive care, also involving GPs, neurologists, allied health professionals and community services.

Better data is key if commissioners are to make these much needed improvements and plan better services for people with MS. A better understanding of the prevalence of MS both nationally and locally at CCG level, as well as improving the admissions data that CCGs are using and more accurate and consistent coding are essential and present opportunities to reduce cost simply through strategies that target the reduction of non-elective admissions.

As for people with MS themselves, well planned services that provide intervention through sufficient provision of skilled clinicians are vital to their wellbeing. High quality, proactive care is needed to prevent many of the secondary complications of MS and to ensure that people with MS stay as well as they possibly can.

Multiple Sclerosis in 2013/14



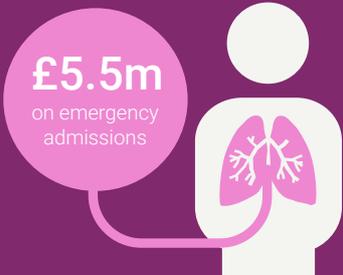
...with an average length of stay of 7.7 days



Focus on prevention

The most common reasons for emergency MS admissions were preventable ones: infections (urinary tract and respiratory) and MS itself (including MS relapse)

Respiratory issues



Urinary tract infections



Bladder and bowel related emergency admissions





NHIS

outcomes from insight

18 Regent Street,
Nottingham,
NG1 5BQ

0845 121 3686
ask@nhis.com
www.nhis.com