

A Day in the life of an MS Coordinator: More Trials than Tribulations

Jenny Ledam, MS coordinator, University Hospitals Plymouth

Aim

To scope out the roles and responsibilities of Plymouth's MS Coordinator and how these enhance a service.

Background

The UK has a few MS coordinators. There is no consensus job description. Here we explain the Plymouth coordinator's role

Plymouth is a regional prescribing centre treating n=1630 MSers (n=602 on DMTs) locally and from all over Devon and Cornwall

Our full time MS co-ordinator is a non-clinical administrator with significant roles designing and managing all aspects of care seeking to ensure the service is effective, efficient and safe as possible.

Often working in the background the coordinator is responsible for liaising with patients, consultants, MSSN's, pharmacists, home delivery services, GP's, research teams, and all allied health professionals, amongst others.

Roles:

Our coordinator leads the administrative team and works with other colleagues to deliver multiple tasks:



- Service review and re-design, ensuring ever changing roles and responsibilities are identified and understood across a wider team;
- Trying to ensure staff resources meet service needs – including recruitment and negotiation with Directorate on resources
- Managing clinic lists, triaging new referrals, ensure new patients come to clinic after work-up tests are completed and results are back – all requested by Coordinator
- Establishing and organises lumbar puncture clinics
- Producing process pathways for requesting MRI scans, blood tests, relapse triage etc.
- Oversees coordination and outcomes of the MDT and DMT monitoring bloods
- Organisation and completion of prescriptions, drug charts and Blueteq's on behalf of Consultant.
- Primary contact point for many MSers after attending clinic – 'stop gap' until MSer sees nurse
- Requests MRI scans and bloods electronically on behalf of Consultant
- Triage and answering clinical and non-clinical enquiries (when medical advice has been sought), including patient/family complaints
- Working closely with the research team identifying suitable trial patients.
- Writes to patients with MRI results using template designed with Consultant
- Drafting of patient support letters for Consultant to amend/sign – most recent letter (unedited) helped patient get on to **DIY:SOS**
- Planning and supervising yearly infusion schedules and chairs
- Liaising and partnership working with companies

Relationship is Key

A key relationship is with the lead MS Consultant

Together we are trying to solve the never-ending, always changing NHS challenges, designing processes and systems minimising wasted time and effort across the team and maximising value and MSers' experiences.

This is particularly important when new challenges or opportunities arise – e.g. new treatments, losing staff.



CHALLENGES

- Single MS Consultant – limitations on appts
- Currently MS team are split across 3 sites, fractured communication frequent
- career path opportunities - additional duties added frequently within existing job roles, without increasing pay and rewards. Increasing new referrals (see below)Capacity issues – LP/MRI/OPA
- Treatment capacity limitations
- Staffing issues – staff turnover increased workloads meaning existing members taking on more roles i.e. research and trials
- Increase in patient expectations, patient forums and comparing care
- Additional DMT monitoring/eligibility selection for forthcoming treatments
- Managing a mix of personalities
- Increase in PIP requests from patients
- Maintaining morale of staff – medical team sometimes quick to point out admin shortcomings and overlook positives
- Limited finance
- The buck stops at MS Coordinator!

Get yours today!