Final Project Report

A Collaborative Working Project between Barts Health NHS Trust & Sanofi to Review and Improve MS Service Delivery

1. Background

Barts Health NHS Trust operates a regional MS service across Royal London Hospital (RLH) — a tertiary specialist centre — and three spoke sites: Basildon, Southend, and Princess Alexandra Hospital (PAH), Harlow. The service covers patients across three ICBs: North East London, Mid & South Essex, and Hertfordshire & West Essex.

A review identified a fundamental structural misalignment: RLH was absorbing routine infusion activity that could safely be delivered closer to patients' homes. The East of England has the **greatest inequity of MS service access nationally**. Spoke sites had existing infrastructure but lacked the investment, digital systems, and workforce to absorb repatriated patients effectively. Staff were operating well beyond sustainable limits, and patients were travelling significant distances for routine treatment.

Sanofi provided resource and project management support to map the service, quantify the problem, and produce an evidence-based set of recommendations.

2. Aims and Objectives

(1) Aim of the Project

To review MS service delivery across Barts Health NHS Trust and its spoke sites, identify structural inefficiencies, and produce an evidence-based roadmap for delivering more equitable, locally accessible care for MS patients across the East of England.

(2) Objectives

- Map current patient pathways and establish baseline service statistics across all four sites
- Review capacity and demand, including infusion chair time, workforce ratios, and referral patterns
- Identify and quantify the opportunity to deliver treatment closer to patients' homes
- Assess workforce, digital, and infrastructure requirements for service redesign
- Produce a feasibility report with prioritised, actionable recommendations

3. Project Outcomes

(1) Quantified the Capacity Problem and Repatriation Opportunity

- Established that RLH is managing **773 patients** requiring **13,448 infusion hours (1,681 days) annually** — a tertiary centre functioning as the primary treatment site for patients who could be treated locally
- Identified **221 patients (21% of RLH's infusion base)** from Mid & South Essex and Hertfordshire & West Essex ICBs travelling an average of **22.55 miles** to RLH for treatment deliverable at local sites
- Quantified that repatriating these patients would release **2,185–3,572 infusion hours (273–446 days)** of RLH capacity annually
- Confirmed local sites have existing infrastructure capable of absorbing repatriated patients with targeted investment

(2) Mapped Patient Pathways and Service Delivery Across Sites

- Mapped pathways across all four sites through interviews with **20+ healthcare professionals**
- Identified structural inefficiencies: no clear line responsibilities, absence of site coordinators at spoke sites, incomplete pre-treatment checklists causing delays
- Documented significant variation in patient management across sites with no standardised pathway

• Identified inconsistent EDSS recording at Basildon and PAH, and variation in MRI booking protocols

(3) Identified Workforce Crisis and Resource Requirements

• All sites exceed the NICE QS108 benchmark of **1 WTE MS nurse per 300–400 patients**; RLH ratio is **~1,649 patients per WTE nurse** — over four times the recommended standard
• **71% of staff report burnout**; majority working beyond contracted hours
• PAH MS nurse spending **9 hours/week** on non-clinical administration
• Produced a recommended staffing model for each site, including Band 3/4 administrative coordinator roles to release clinical capacity

(4) Established Evidence Base for Care Closer to Home

• Analysed **1,909 patients** across three ICBs with combined healthcare costs of **£2,978,372**
• Identified a commissioning funding gap: RLH reimbursed only for day-unit infusion; spoke-site monitoring and coordination costs go unfunded
• Evidenced that treatment variation at peripheral sites (e.g. higher use of injectables over IV therapies) likely reflects access constraints rather than patient preference — undermining equitable access to all approved therapies
• Aligned findings to NHS 10-Year Plan priorities for care closer to home and ICB integrated care strategies

(5) DNA Analysis and Access Barriers

• Recorded **146 DNAs at RLH**: 93 from North East London, 48 from Mid & South Essex, 7 from Hertfordshire & West Essex
• Distance and access identified as contributing factors to non-attendance and wasted chair capacity
• **164 patient survey responses**: "More local treatment options to reduce travel" was the most frequently cited improvement request
• Staff survey (9 respondents) returned an average service rating of **5.9/10**

(6) Developed Implementation Roadmap

• Produced a three-phase, 12-month implementation roadmap:

Phase	Timeframe	Focus

1 — Foundation	Months 1–3	Map 221 patients; ICB engagement; steering group; referral criteria and SLAs
2 — Infrastructure	Months 3–6	Restore digital systems; establish infusion pathways; deploy DrDoctor/Accurx; recruit PAH nurse
3 — Repatriation	Months 6–12	Phased patient repatriation; capacity review; shared patient record implementation

4. Timescales

- **Project commenced:** July 2025
- **Project completed:** February 2026
- **Report finalised:** June 2026 (V4.0)
- A **2-month delay** was incurred due to data collection challenges across multiple ICBs and sites. This was compounded by the discovery that electronic tracking systems at Southend and Basildon had been decommissioned, with historical data lost and manual Excel tracking in use — making baseline data harder to source than anticipated.

5. Service Impact of the Project

The impact of this project is widespread across the pathway, the workforce, and the patient population it serves. The findings provide a compelling, evidence-based case for structural change in how MS care is delivered across the East of England.

- **Capacity recovery:** Repatriating 221 out-of-area patients would release **2,185–3,572 infusion hours annually** at RLH, enabling it to refocus on complex cases, new diagnoses, treatment escalations, and clinical trials
- **Financial impact:** Combined healthcare costs across three ICBs total **£2,978,372**; optimised care pathways and resolution of the commissioning funding gap represent a meaningful efficiency opportunity
- **Patient travel burden:** Elimination of routine journeys averaging 22.55 miles to RLH; reduced financial cost, time off work, and physical fatigue for people living with MS

• **Workforce sustainability:** A clear staffing model with administrative coordinator roles at each site would immediately release clinical capacity, reduce burnout, and protect MS nurses for clinical work — the GEMSS report (2015) found each MS nurse saves **£77,400/year** in avoided costs, making understaffing a demonstrable false economy

6. Benefits from the Project

The project has delivered the following benefits for patients, the NHS, and Sanofi:

Patients:

• Reduced travel burden — routine infusions delivered locally rather than at a distant tertiary centre
• Improved equity of access to all approved MS therapies, with treatment decisions based on clinical suitability and informed patient choice rather than geography
• Reduced DNAs and associated disruption to treatment continuity
• Care delivered in familiar, local settings with established clinical relationships

NHS:

• RLH freed to operate as a genuine tertiary centre, focusing specialist resource on complex and high-acuity patients
• Better utilisation of existing infrastructure at Southend, Basildon, and PAH
• Evidence base to support ICB commissioning frameworks and funding alignment for spoke-site activity
• Standardised pathways, digital infrastructure, and workforce model to underpin safe, sustainable service delivery
• Alignment with NHS 10-Year Plan and ICB integrated care strategies for locally delivered, community-centred services

Sanofi:

• Improved access to appropriate MS treatments for patients across the East of England, including Sanofi medicines, in line with national and local guidance
• Improved corporate reputation by supporting NHS transformation and the delivery of equitable, high-quality care
• Demonstrated the value of collaborative working in addressing complex, system-level service challenges

7. Recommendations for Further Development

1. **Develop and implement a Care Closer to Home strategy with a formal patient repatriation plan** — identify the 221 out-of-area patients by name, current treatment, and appropriate local site; engage ICBs to agree commissioning frameworks; establish a cross-site steering group to oversee delivery
2. **Establish satellite infusion services at Basildon, Southend, and PAH** — invest in the infrastructure, pathways, and clinical governance required to deliver infusion treatments locally, including nurse-led infusion clinics
3. **Increase MS nurse staffing with dedicated administrative support at all sites** — recruit additional nursing resource at PAH (immediate priority) and Basildon; establish Band 3/4 MS coordinator roles at each site; adopt NICE QS108 benchmark of 1 WTE per 300–400 patients with a 24-month compliance trajectory
4. **Implement responsive digital communication systems** — deploy DrDoctor and Accurx across all sites for automated appointment reminders, blood test prompts, and homecare communications; develop phone triage protocols with clear response time standards
5. **Standardise pathways and restore digital infrastructure** — restore Southend's electronic system as an urgent patient safety priority; implement shared patient record access across sites; adopt Southend's pre-treatment checklist as the network-wide standard; standardise EDSS recording and MRI booking protocols

8. Project Resource Utilisation

TOTAL Sanofi & NHS Contributions

	Indirect	Direct	Total
Sanofi Costs	£5,145	£0	£5,145
NHS Costs	£4,992	£0	£4,992
TOTAL Costs	**£10,137**	**£0**	**£10,137**

9. Customer Feedback

"An excellent team to work with, whose experience and resources were invaluable in bringing together information from a large

geographical area that would not have been possible to collate otherwise."

Dr Sharmilee Gnanapavan, Consultant Neurologist