The importance of the multidisciplinary team

Lisa Younge

The slides have been reviewed for off label information by Ferring Pharmaceuticals

September 2021
UK-GAS-2100109

Disclosures

- Advisory boards for Janssen, Abbvie, Falk, Galapagos, Takeda & Tillots
- Talks for Janssen, Abbvie, Falk, Ferring, Galapagos, Takeda & Tillots

Crohn's and Colitis Care in the UK

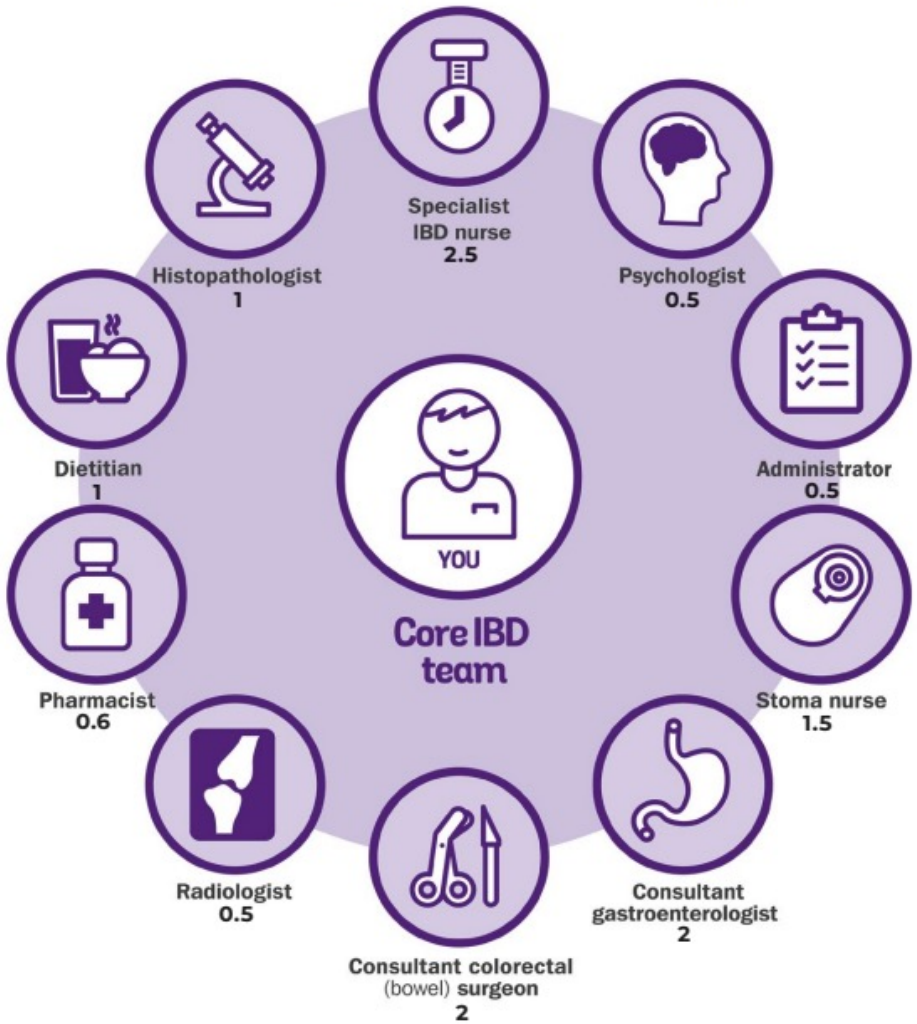
The Hidden Cost and a Vision for Change

Association of Coloproctology of Great Britain and Ireland · British Association for Parenteral and Enteral Nutrition · British Dietetic Association · British Society of Gastroenterology · British Society of Gastrointestinal and Abdominal Radiology · British Society of Paediatric Gastroenterology, Hepatology & Nutrition · CICRA (Crohn's in Childhood Research Association) · Crohn's & Colitis UK · Ileostomy & Internal Pouch Association · IBD Registry · Primary Care Society for Gastroenterology · Royal College of General Practitioners · Royal College of Nursing · Royal College of Pathologists · Royal College of Physicians · Royal Pharmaceutical Society · UK Clinical Pharmacy Association

IBD UK
Strategy
Partnership
Quality Improvement

Published April 2021
www.ibduk.org

The IBD Standards outline the range of professionals that should be included in the IBD team. For adult services, shown below each role is the number required per 250,000 catchment population.[3]



6.4 IBD specialist nurses

Good Practice Recommendation 32. Clinical nurse specialists are a vital part of the IBD team, where their role may include provision of cost-effective patient education, disease management and therapy monitoring, patient support, continuity of care, audit, and rapid access for advice and review during disease flares (Agreement: 100%)

Gut reaction
(specialist service for inflammatory bowel disease)
Sheila Phillips (1995) Nursing Times

- The introduction of a specialist service has improved life for people suffering from inflammatory bowel disease.
- All patients believed a specialist nurse would improve their treatment.
- The nurse provided an education and information pack to help patients understand their disease better.
- She made a list of shops allowing sufferers to use their toilets in an emergency.
- She also set up a support group.


BJN


BJN
The Awards
2018
WINNER
Pearl Avery


Roy
of N
bs
Organisation
inflammatory bowel disease
(IBD) service provision
UK IBD audit
National report
September 2014
Standards for
the Healthcare of
People who have
Inflammatory
Bowel Disease (IBD)
IBD Standards
2013 Update
ECCO
BRITISH SOCIETY OF
GASTROENTEROLOGY

IBD Specialist Nursing Roles

New Diagnosis Clinics
Follow up clinics
Rapid access clinics
Telephone Clinics
Telephone Advice Lines
Inpatient support
Medication Support
Developing, evaluating & defining services
Research
Raising awareness

Journal of Crohn's and Colitis (2010) 4, 611–622

available at www.sciencedirect.com

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REVIEW ARTICLE

Contribution of nurses to the quality of care in management of inflammatory bowel disease: A synthesis of the evidence

Paloma Hernández-Sampelayo [a], Montserrat Seoane [b], Lorena Oltra [c], Laura Marín [d], Antonio Torrejón [e], María Isabel Vera [f], Valle García [g], Pablo Lázaro [h,*], Elizabeth Parody [h], Antonio J. Blasco [h], Francisco Casellas [e]

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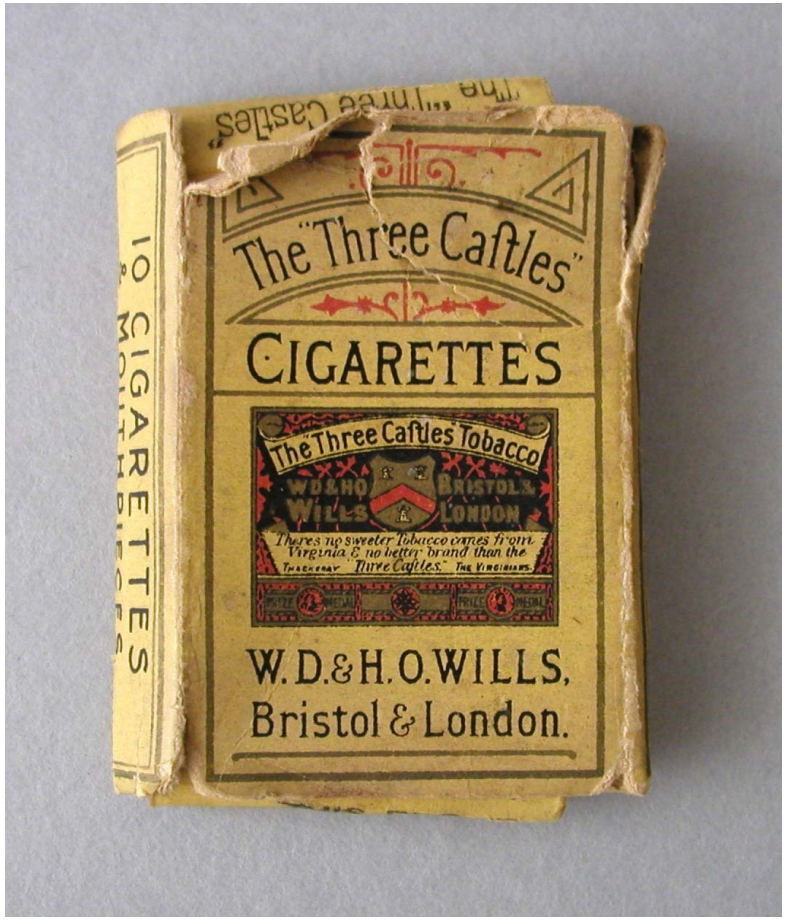
- Promote integration within the multidisciplinary team
- Act as a link between the patient and the team /primary care,
- Promote compliance with treatment,
- Allow early identification of adverse effects,
- Provide health information to patients and their families,
- Provide emotional support
- Improve accessibility when the patient so requires
- Organise patient support - signposting

‘Original’ IBD standards



CROHN'S & COLITIS UK

- Is 1.5 per 250,000 fit for purpose?
- Calculating nursing workfor based on case load and complexity
- Alison Leary, Prof Nursing Workforce leading
- Workshop to develop survey
- 166 responses

London South Bank University

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Modelling the Inflammatory Bowel Disease Specialist Nurse Workforce standards by determination of optimum caseloads in the United Kingdom.

Leary, A., Punshon, G., and Mason, I. (2018). *Modelling the Inflammatory Bowel Disease Specialist Nurse Workforce standards by determination of optimum caseloads in the United Kingdom.* Journal of Crohn's and Colitis doi: https://doi.org/10.1093/ecco-jcc/jjy106

Remodelling Caseload

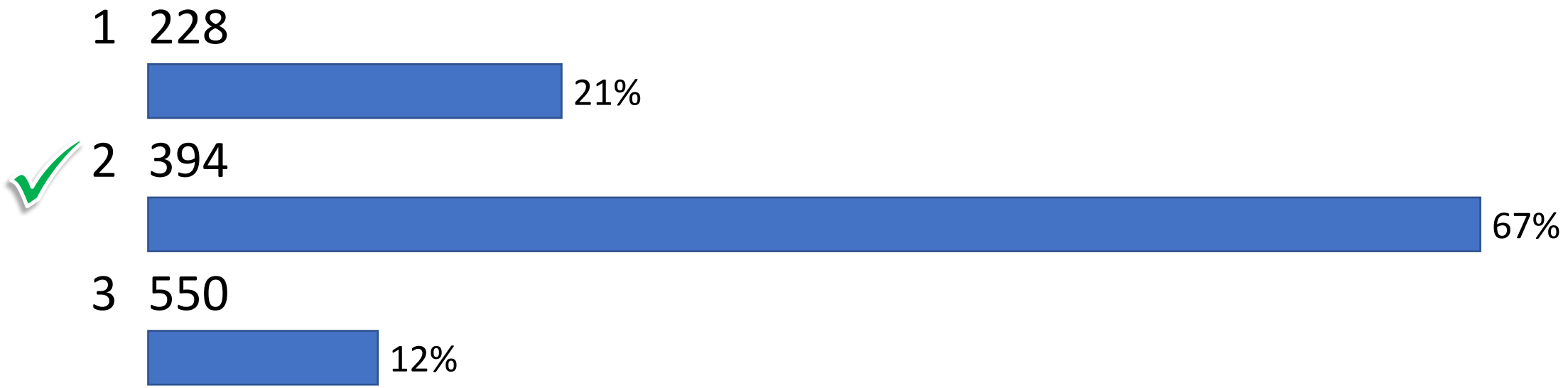
- 63% of nurses have higher caseload than current standard (1.5 per 250,000)
- Compared to other specialties we have more ‘rookies’
- 43% prescribers, 14% Masters (gap needs addressing)
- Positive experience of MDT working
- Complex role – entire treatment pathway.
- 79% involved in prediagnosis
- Recommends 2.5 wte per 250,000 population.
- Static caseload of 500 patients per 1wte
- Move from a ‘reactive’ to a ‘proactive’ model of care

The IBD MDT – 2019 IBD Standards

Core members should all have a special interest in IBD or gastroenterology. For a catchment population of 250,000 people (the average for a district general hospital), the IBD multidisciplinary team should include:

- 2 whole time equivalent (WTE) consultant gastroenterologists
- 2 WTE colorectal surgeons
- 2.5 WTE clinical nurse specialists with a special interest and a competency in IBD
- 1.5 WTE clinical nurse specialist with a special interest and competency in stoma therapy and ileoanal pouch surgery
- 1 WTE dietitian allocated to gastroenterology
- 0.6 WTE expert pharmacist in IBD
- 0.5 WTE psychologist
- 0.5 WTE administrator to provide support for IBD meetings, IBD database recording and audit
- 1 named histopathologist with a special interest in gastroenterology
- 1 named radiologist with a special interest in gastroenterology

Poll Slide – How many IBD specialist nurses do you think there currently are in the UK?



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PROFESSIONAL MATTERS

ORIGINAL RESEARCH

Specialist inflammatory bowel disease nursing in the UK: current situation and future proofing

Lisa Younge [1], Isobel Mason,[2,3] Rukshana Kapasi [3]

Frontline Gastroenterol: first publishe

- 394 individual WTE IBD Nurse Specialist posts were identified across the UK in total, an increase in overall workforce since 2012 of 98%.
- Still 270 short of meeting IBDUK 2.5wte nurses per 250,000 population target
- Evidence of more complex working
- 59% providing nursing services over more than one site, with 10% providing services over more than three sites.
- 45% of nurses have a non-medical prescribing qualification
- 13% educated to MSc level
- 98% provide advice line access for patients as part of their service

Younge L, et al. Frontline Gastroenterology 2020;0:1–6. doi:10.1136/flgastro-2019-101354

IBD UK Benchmarking data

- Contact with IBD specialist nurse was associated with higher overall patient-reported quality of care
- Contact with IBD nurse associated with greater ability to self manage and cope with diagnosis
- In services which met the standards for IBD specialist nurse numbers, regular reviews were more likely to take place – something patients felt is important to their overall care

Statement 7.3

Clear protocols should be in place for the supply, monitoring and review of medication across primary and secondary care settings.

Why is it important?

Safe, high-quality care doesn't just happen. It relies on good coordination and communication between the different health care professionals involved in primary, secondary and tertiary care.

It's important to develop **shared care protocols** to support the ongoing prescribing and monitoring of immunomodulatory therapies in general practice. And the arrangements and scope for this shared care must be defined clearly between the hospital team, GP and patient.

Once this is completed, it's essential to inform the patient (verbally and through written information) what arrangements have been agreed with them for their care. The patient should know the roles and responsibilities of everyone involved, and when they should be referred back to hospital care. And they should be given this information using clear, straightforward and appropriate language – with contact details for the IBD team, so that they know how to get in touch if needed.

Gastroenterology Service

PTU-140 Does a de
pharmacist clinic ir

Alan Steel[1], Helen Morgan[2], Wei

Author affiliations +

Abstract

Introduction Immunomodulato
well recognised, potentially seri
developing role in the UK for ph
to review the impact of the intro

Methods IBD patients seen by t
blood monitoring including TGN levels were recorded. The total number of actual and virtual clinic visits managed by the
pharmacist was determined and the outcome of these visits was categorised.

The pharmacist responsibilities included initiation of IMM therapy for patients, medication counselling, prescribing, blood t
follow up appointments allowing assessment of both clinical response and safety monitoring.

Results Between Nov 2015 and Feb 2017, 367 pharmacist out-patient appointments and 83 pharmacist virtual clinic revie
176 IBD patients (Crohn's disease 101, ulcerative colitis 69, IBDU 6) were undertaken. Of the 176 IBD patients, 164 (93%) w
thiopurines, 9 (5%) on methotrexate and 3 (2%) on ciclosporin.

Patients visits with the IBD pharmacist were for the following reasons: initiation of IMM treatment (including counselling, d
titration, 2 weekly blood monitoring for the first 2 months), 92 appointments (appts); post initiation, 95 appts; routine 3 mo
monitoring, 145 appts; intensive monitoring (e.g. dose escalation), 45 appts; and dose optimisation (combination therapy w
allopurinol) 63 appts. 89% of clinic appts were managed independently by the pharmacist.

196 appointments resulted in 230 actions in patient management to be undertaken. These were: side effects assessed an
reassured (37 actions); symptoms assessed and pt reassured (27); adherence support (15); dosing advice (8); dose increase
thioguanine nucleotide (TGN)) (27), dose decreased (high TGN, abnormal blood tests) (32); allopurinol combination therapy
azathioprine switch to 6MP (5); other medication (12); physician review (15); other (34).

As a result of the IBD pharmacist in the clinic, a pharmacy helpline was developed with patients calling or emailing the phar
for advice in between clinic visits (122 calls/emails over 37 weeks).

Conclusion The IBD pharmacist has a key role in the management of IBD patients contributing not only to medication monitoring, prescribing, and safety but also allowing greater capacity in the physician's, often highly stretched IBD clinics.

http://dx.doi.org/10.1136/gutjnl-2018-BSGAbstracts.518

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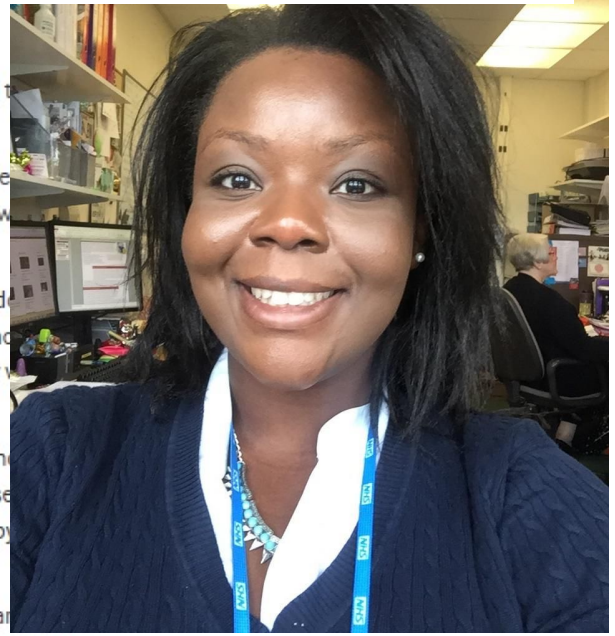
UKCPA Education Groups

Gastroenterology & Hepatology Group

The UKCPA Gastroenterology & Hepatology Committee are highly active in contributing expertise to the pharmacy community and the wider national healthcare services through education and training, contributions to national consultations and standards, and engagement with gastroenterology and liver charities and associations.



Specialist pharmacy support in IBD

- 27% services reported having adequate expert pharmacy representation within the MDT
- Less than half of IBD leadership teams work with an expert pharmacist
- UKPCA have developed and started rolling out specialist IBD webinars in 2021 and are developing/endorsing training programmes to allow pharmacists to specialise in IBD
- Although still not common – more specialist IBD pharmacy roles are being commissioned in services across the UK

The Pharmaceutical Journal, PJ, July 2021, Vol 307, No 7951;307(7951)::DOI:10.1211/PJ.2021.1.94908

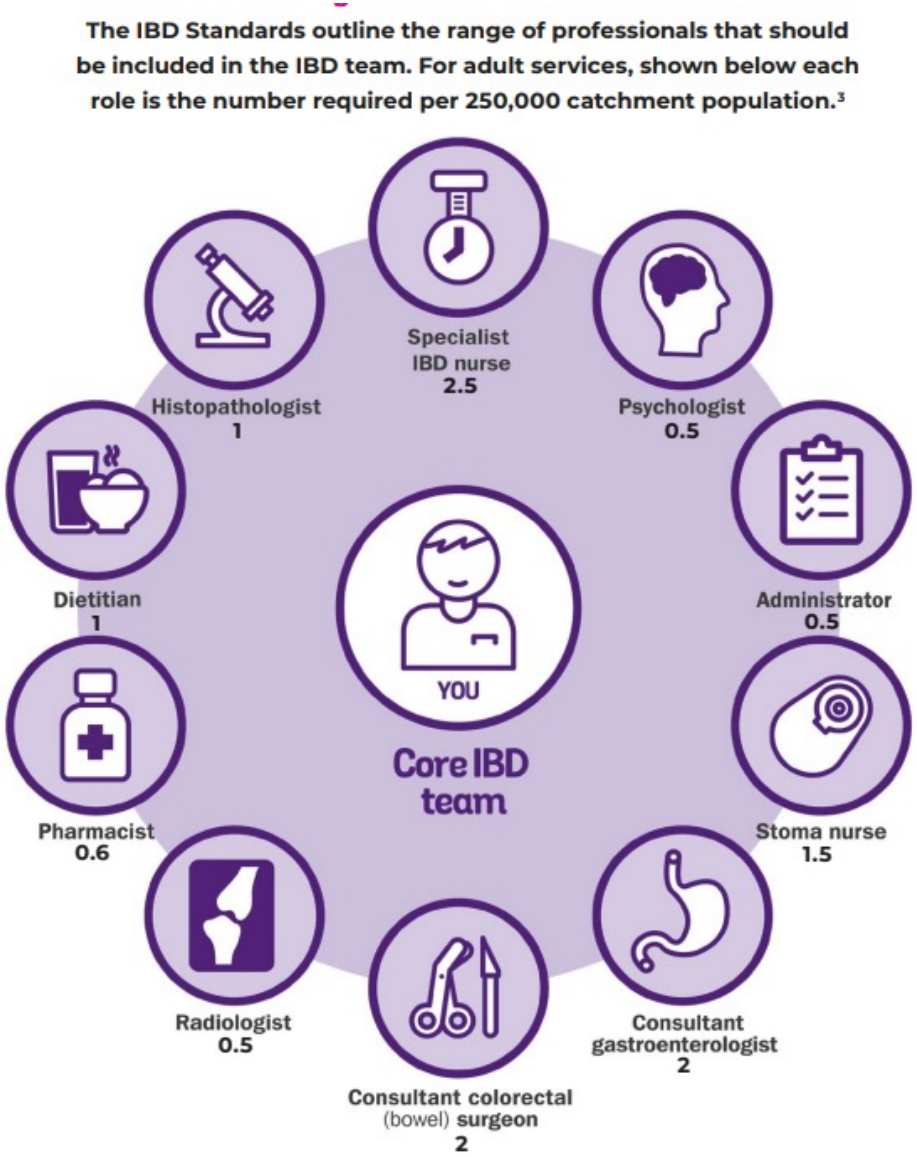
Dietetic Support

- Good quality data to support the importance of the dietician role in IBD care, ELD, pre op optimisation, overall nutritional support
- Patient Survey demonstrated strong associations between accessibility and provision of dietary and nutritional support and perceived quality of care
- Less than half (41%) reported being able to access support
- 35% accessing support in the preoperative period

Psychological Support

- 23% patients reported discussions about mental health in their clinical encounters
- 18% services reported have enough psychologists to meet the IBD Standards

Some met the requirements for all members of the team they had, but did not have the full range of specialists, whilst others had the full range of specialists but did not meet the standard level for all of them



- Gastroenterologists – 31%
- IBD nurse specialists – 14%
- Stoma nurses – 34%
- Colorectal surgeons – 18%
- Pharmacists – 27%
- Dietitians – 9%
- Psychologists – 18%
- Radiologists – 44%
- Histopathologists – 12%
- Administrators – 47%

What do Crohn's & Colitis UK believe?

- Everyone living with IBD in the UK should have access to an IBD Nurse Specialist.

- A clearly defined career pathway for all grades of nurses working within IBD care, with sufficient resourcing for all IBD Nurse Specialists to hold, or work towards, Masters level nursing qualifications, is needed to retain high calibre nurses and encourage more into IBD Nursing.

- Across all four UK countries, We should work towards meeting the recommended minimum number of 2.5 full time IBD Nurse Specialists nurses per 250,000 population, with a maximum of 500 patients per full time nurse, as defined by the '*Modelling Caseload Standards for IBD Specialist Nurses*' report 2017.

- Currently 15 nurses in our 2019 cohort
- MSc &RCN Credentialing Pathways
- 8 new nurses accepted to start Sept 2021