

Introducing Routine Safety Enquiry in the West Yorkshire Regional Multiple Sclerosis service

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Background: Disabled people are more likely to experience violence and abuse than non-disabled people. In parallel PhD studies at the Universities of Leeds and Nottingham we have investigated the experiences of victim-survivors with MS and the perspectives of healthcare professionals (HCPs). The research highlighted the prominence of coercive and controlling behaviours as well as other forms of abuse. People with MS (pwMS) are not routinely asked about their safety and MS HCPs lack understanding of different forms of abuse.

Aims:

- To pilot routine safety enquiry in the MS service in outpatient and community settings
- To inform the development of a Toolkit for MS HCPs

Methods: The MS CNS team and Advanced MS Champion established stronger links with the LTHT and LCT Safeguarding Teams. We completed additional safeguarding and DVA training. The Safeguarding Teams provided us with leaflets, cards and contact details to signpost and onward refer. This included novel methods such as lip balms and trolley tokens. We looked at other clinical areas at LTHT who have included routine screening in practice. We explored the screening questions and protocols they used to identify at risk patients, and we began to tailor screening questions appropriate to our client group. We explored the acceptability of safety enquiry for pwMS and HCPs.

Results: Challenges were identified in both the hospital and community setting. We amended the screening questions to accommodate our client groups need and the setting. In the hospital setting the adapted questions were included in the standard clinic structured template. This is now routine practice in our consultations.

Conclusion: We recognise the importance and prevalence of violence and abuse in MS. We understand that this work will evolve and require regular training and updates. Overall, the intervention has been well received by pwMS. We are analysing qualitative feedback from pwMS and HCPs. We have contributed to the new MS-DVA Research initiative