Section 1 - Applicant Details

1. Lead Applicant (Clinical Champion for Centres)

1.1. Name	Dr Alastair Miller
1.2. Name of Team	Herefordshire and Worcestershire CFS/ME Multi Disciplinary Team (MDT)
1.3. Job Title	Consultant Physician/Hon Senior Lecturer in Infectious Diseases
1.4. Clinical Champion's Discipline	Infectious Disease and General Medicine with special interest in ME/CFS
1.5. Address for correspondence.	c/o Andrea Cudd Commissioning Team Redditch and Bromsgrove PCT Crossgates House Crossgates Road Park Farm Redditch Worcs B98 7SN
1.6. Tel no.	01527 507040
1.7. E-mail	andrea.cudd@redditchbromsgrove-pct.nhs.uk
1.8. Fax.	01527 507048

2. Names of organisations who will be involved in the application.

- Worcesteshire Acute Hospitals Trust
- Hereford Hospitals NHS Trust
- Redditch and Bromsgrove PCT
- Herefordshire PCT
- South Worcestershire PCT
- Wyre Forest PCT
- Worcestershire M.E. Support Group
- Herefordshire M.E. Support Group
- Social Services
- Herefordshire and Worcestershire Mental Health Trusts

3. PCT (Is this the lead PCT?) and SHA

- Redditch and Bromsgrove PCT (on behalf of Herefordshire and Worcestershire PCTs and Acute Trusts) will initially lead the co-ordination of the bid, additional negotiation is required to ascertain which organisation takes overall management, employment and Clinical Governance responsibilities.

- West Midlands South Strategic Health Authority

4. Is the application for:

B) Local Multidisciplinary Team? Yes

Section 2 Aims and Objectives of the Investment Plan

1. **Set out how this proposal will contribute to the CFS/ME strategic aims for a Team.**

- Application for funding is based upon the needs of the ME/CFS sufferers within the PCTs in the geographical areas of Herefordshire and Worcestershire.

- ME/CFS MDT will be mainly managed within primary care but with secondary care input to support diagnosis and treatment.

- The MDT will provide patient specific, holistic assessment and intervention for patients who have a confirmed diagnosis of ME/CFS.

- This will include appropriate follow up intervention and review.

- The expansion of the ME/CFS service within Herefordshire and Worcestershire will ensure that existing specialist staff and professionals with special interest are appropriately supported and their skills and experience fully utilised.

- The ME/CFS MDT team will improve access to services for children and adults. The proposed model has the support of the two local ME/CFS support groups.

2. **What experience is there to develop Multidisciplinary Team?**

- A joint protocol for the support and management of ME/CFS will be adopted, in conjunction with the Birmingham Clinical Network Co-ordinating Centre (CNCC) and South Birmingham LMDT.

- Dr Alastair Miller currently sees all newly referred ME/CFS patients with a preliminary diagnosis in clinics in Wyre Forest and Hereford. Dr Miller offers expert opinion and confirmation of diagnosis, following which he instigates a referral to the appropriate service in the most accessible geographical area. Patients are then reviewed at 6 or 12 months.

- Access to occupational therapy support is currently very limited across all PCTs and there is a general consensus that a hub and spoke model will provide necessary means to improve availability and accessibility.

- There is currently no dedicated psychology input.

- Redditch and Bromsgrove has a senior occupational therapist with a special interest in ME/CFS. She runs ME/CFS clinics at Kidderminster Hospital and Princess of Wales Hospital, Bromsgrove . She works directly with Dr Miller, receives referrals from GPs, other healthcare professionals and also self referrals from patients. There is an increasing demand on this service which has extended waiting times for treatment currently 9-12 months.

- The MDT will comprise those individuals who have firm understanding and extensive experience of multi disciplinary working within primary and secondary care in ME/CFS, as well as a thorough understanding of the support available within tertiary care and essential links with local support groups. All those mentioned have been involved in the discussions around the ME/CFS MDT and fully support the proposals.

3. What geographical area will the team cover? How will GPs link with and refer to the Multidisciplinary Team?

- The current bid is aimed at covering both Herefordshire and Worcestershire. These areas include Worcester City, Bromsgrove, Kidderminster, Hereford, Redditch, Ross-On Wye, Wychavon, Evesham, Droitwhich, Pershore, Malvern and Leominster. There are 4 PCTs within this catchment area, this is a very rural geographical area: Herefordshire covers 840 square miles and serving a registered population of nearly 180,000 individuals; Worcestershire covers approximately 450 square miles and serves a registered population of 550,000 individuals.

- The 4 PCTs within this area cover an extensive and dispersed geographical area.

- Some GPs currently refer directly to Dr Miller's ME/CFS clinics for a specialist opinion, although by no means all. A successful bid will not only allow us to establish a specialist MDT, mechanisms for service awareness raising and agreed protocols and care pathways, but will also improve equity of access across Herefordshire and Worcestershire.

- Tertiary referrals will be made to Dr Miller from within the two Acute Trusts from other consultants and healthcare professionals within secondary care.

- The MDT will cover Herefordshire and Worcestershire PCTs based on a hub and spoke model, focusing on two central locations, one in Hereford and one in Wyre Forest (the hubs); outreach clinics will be held in Worcester City and Redditch (the spokes of the proposed model).

Please see appendix 1 for a map of the geographical area covered by the 4 PCTs.

FOR CENTRES

4. Set out the plans to establish and co-ordinate a clinical network.

N/A

5. Teams within NHS Trusts and PCTs that will be involved in the clinical network.

N/A

6. Geographical SHA catchment areas it will cover

N/A

Section 3 – How will the Investment be Achieved?

1. **How do you plan to develop the services?**

- Care pathways will be established to allow GPs to refer directly to the MDT for many patients and refer to Dr Miller for a consultant opinion where there is diagnostic doubt or particular complications.

- Patients being seen by other members of the MDT can be referred to Dr Miller at any stage of their treatment programme by any member of the MDT.

- There will be regular "notes review" of all the patients undergoing management by the MDT so that emerging problems can be identified early and remedial action taken.

- The MDT will consist of psychology support, occupational therapy, physiotherapy and dietician. The MDT will be led by Dr Alastair Miller.

- As previously stated, vital links will be established with the Birmingham CNCC and the South Birmingham LMDT to ensure cross fertilization of ideas, enhanced support and transparency of protocols and care pathways.

- Vital connections within social services will be built on, particularly focusing on educational needs of domiciliary staff who will be working with ME patients who are experiencing particular difficulties and are housebound.

- Herefordshire and Worcestershire PCTs will form an ME/CFS Multi-disciplinary team during 2005. Initial stages will require an element of training and team building.

- The proposal is to enhance and develop current service provision to allow outreach MDT to provide treatment for ME/CFS sufferers within the 4 main areas of the 2 counties (Redditch and Bromsgrove, Kidderminster, Worcester and Hereford) Thus providing increased levels of equity of access for patients in wide geographical and rural areas.

- Some training will be provided by existing staff with special interest in ME/CFS who have already been approached. Further training will be sourced through links with the Birmingham CNCC.

- There is increasing evidence that part of the difficulty in identifying both effective treatment, prevalence data and outcome, is based on unclear diagnosis, formulation and assessment. It is recommended that a standardised assessment and treatment protocols be developed for application across the two counties, in order to provide evidence based outcome data for the MDT. Details of the protocols will emerge once the MDT is established.

- Once the care pathways have been agreed and healthcare professionals sufficiently trained, awareness will need to be raised regarding access to services and referral criteria.

- Existing primary care services will be utilised and developed, using a model which follows agreed pathways, and measures outcomes and effectiveness. Service developments will include access to rapid-access clinics (as early intervention is beneficial), various assessments and agreed interventions with health care professionals.

2. **What arrangements are planned for Clinical Governance (e.g. Clinical Supervision)?**

IF THE BID IS SUCESSFUL, THE 5 ORGANISATIONS INVOLVED WILL NEED TO REACH A DECISION ABOUT WHO WILL EMPLOY THE LMDT AND TAKE OVERALL RESPONSIBILITY FOR CLINICAL GOVERNANCE.

THE EMPLOYING ORGANISATIONS WILL NEED TO BE SHARED FROM WITHIN MENTAL HEALTH AND 1 OF THE PCTS.

EMPLOYMENT RESPONSIBILITIES SHOULD BE MANAGED FROM WITHIN A PCT WITH THE HUB OF THE MODEL i.e. HEREFORD OR WYRE FOREST.

IF THE BID IS SUCESSFUL, A THOROUGH REVIEW OF THE SERVICE WILL COMMENCE AND REVIEWED AFTER 12 MONTHS SO THE ORGANISATIONS INVOLVED CAN REACH A DECISION ABOUT FUTURE MANAGEMENT AND POTENTIAL FUNDING ISSUES IF THE SERVICE IS A SUCCESS.

- All stakeholders involved in the bid have a shared understanding of key Clinical Governance requirements. Staff employed by particular organizations will be accountable to these organizations for their clinical practice.

- As the lead clinician, Alastair Miller will have overall responsibility for Clinical Governance within the team to establish and oversee good practice within the agreed Clinical Governance framework. As well as the "notes review" meeting there will be regular meetings of the MDT to review CG issues such as complaints, clinical incidents, clinical effectiveness of new management strategies and to ensure that personal development (CPD) is available to all team members.

- Dr Dave Quinn and Dr Martin Wilmott as lead psychologists in Herefordshire and Worcestershire will take the lead in the support and management of psychology staff, and part management of the clinical assistant.

- Dr Marie Hanlen from Worcestershire Acute Hospital has agreed to take on the role of lead paediatric clinician, advising and supporting the LMDT in the care of paediatric ME/CFS sufferers and in the crucial transitional period from young person to adult.

- Mechanisms for reflection will be agreed prior to ME/CFS MDT development. It is envisaged that Clinical Supervision networks already in place will be maintained, with additional support being sought from within the team and Birmingham CNCC.

- Ongoing data will be collected to ensure treatment is clinically effective and to provide the foundation for audit and ongoing review.

- The services developed will be sustainable and will require a firm evidence base in support.

Section 4 – Current and Proposed Services

CURRENT SERVICE/NETWORK baseline information. If you have an existing multidisciplinary team or other service already operating in your area (replicate this if there are several existing services in your geographical area), please complete current column.

Outpatients:	**Current consultant provision:**	**Current OT provision:**	**Current psychology provision:**
Number of patients referred per week:	4-5		Psychology support available very much on an ad-hoc basis.
Number of patients seen per week:			
Number of sessions per team member (give separate figure for each):	2 clinics/week at Kidderminster. 1 clinic/month at Hereford.		
Percentage of patients referred to each therapist type (and group/individual ratios, if applicable):		If requiring follow up 100% are referred to OT.	Minimal psychology support available.
Number of sessions per patient per therapist; specify if individual or group or both):	1 initial assessment then follow up as required at 6 or 12 months.	On average 16 sessions per patient.	
Number of patients waiting for an initial appointment:			
Waiting time:	13 weeks.	6-9 months.	
First appointment:	13 weeks.		
Average waiting time for treatment options:		6-9 months.	

1. Description of current service (150 Words). Please specify provision e.g. diagnosis and assessment, rehabilitation, symptom management (include organisational diagrams, if appropriate)

Current services have been detailed in section 2 and section 4.

Please see appendix 2 for proposed care pathway for ME/CFS patients.

2. Do you have any inpatient provision? If so, specify.

There is currently no access to specialized inpatient facilities across the 2 counties, however, referrals can be made to inpatient facilities outside the 2 counties but would be based on individual need and assessment. In certain cases it may be possible to admit patients to general medical beds at the acute hospitals for intensive therapy support. These cases are based upon individual assessment and would need to be approved as specific out of area treatments by the appropriate PCTs.

3. Description of investment proposal – (No more than 150 words)

The proposed expansion of the ME/CFS service will provide patients within Herefordshire and Worcestershire counties with fair and equitable access to a Multi-Disciplinary Team.

The exact prevalence of ME/CFS patients within the 4 PCTs across Herefordshire and Worcestershire is not known but the likely prevalence is as follows:

Redditch and Bromsgrove PCT: 495-660
Wyre Forest PCT: 330-440
South Worcestershire PCT: 780-1040
Herefordshire PCT: approx 400

Close partnerships with the Birmingham CNCC and the LMDT for South Birmingham will ensure joint protocols and care pathways.

Careful service monitoring and evidence collected by the clinical/research assistant will provide the basis for clinical audit and risk management.

The proposed new service will work closely with Herefordshire and Worcestershire ME/CFS support groups.

3.1. Is this a new centre? N/A

3.2. Is this a new team? Yes

3.3. Is it a new function of an existing service? In part

4. How will the investment improve access for patients?

The investment in the ME/CFS MDT would improve access to treatment for patients. As previously mentioned, patients currently wait for up to 13 weeks for an initial assessment with Dr Miller but can wait for 6-9 months for the initiation of treatment.

It is viewed that an enhancement in therapy support as described, together with the expertise of dietician, psychology and physiotherapy will ensure patient specific, individualized approach to ME/CFS support and treatment.

5. How will the service contribute to greater patient choice and responsiveness?

The ME/CFS MDT will decrease waiting time for diagnosis and treatment as well as ensuring equity and fairness of access to services across the 4 PCTs.

6. Set out routes to obtain advice from other professionals not in team

- **e.g. pain clinic, allergy, clinical psychology:**

There are well established routes of referral to local chronic pain services across the 2 counties.

7. What onward referral arrangements would apply for patients in whom diagnosis is not confirmed.

Patients who have a confirmed or non-conclusive diagnosis will be individually managed, as with any holistic assessment of need, patients will receive the most appropriate onward referral. As well as his interest

in ME/CFS Dr Miller is an experienced general physician with good links to investigative facilities and other specialist colleagues. Dr Miller reviews at 6 or 12 months following initial assessment and will link with the MDT and other local services as appropriate.

FOR TEAMS

8. Set out the teams plans for developing local domiciliary (health education and social services) services for special categories:

8.1. Severely affected house or bed bound

Social services will provide domiciliary support to those patients who are severely affected or housebound. A training need has been acknowledged from within the local social services department and access to training will be negotiated.

Members of the ME/CFS MDT will provide domiciliary assessments as part of routine assessment, the management of those patients will be subject to individual need. Where referral to primary care services and social services is necessary, the MDT will ensure the appropriate action is taken.

9. Set out how the team will build on existing generic services such as community paediatric services for children and young people with special needs?

The bid is based upon the provision of a Multi-Disciplinary Team for ME/CFS under a single consultant lead, across the age range.

Worcestershire and Herefordshire counties have paediatric occupational therapists who cater for the needs of children with ME/CFS and their families. The current service will be supported through ME/CFS networking across the 2 counties.

Younger adults are currently seen within existing ME/CFS clinics and particular focus will continue to be placed upon the transitional period from younger person to adult.

FOR CENTRES

10. Set out the Centres plans for developing services for special categories:

10.1. Severely affected, house- or bed-bound
11. Set out how the centre plans to link with children's services, and to support young people in transition to adult services?

Section 5 - Staffing Structure for the Centre/Team

1. Please provide a current and proposed staffing structure for the Centre or Team?
1.1. Attached Yes

2. Proposed New Staff (Specify Roles staff and numbers, by discipline)

See table in Section 4 above.

2.1. Multi-disciplinary team members by discipline full, part- time, or members of a generic team by WTE:

See table in Section 4 above.

2.2. Consultant/GP/other medical staff session arrangements:

See table in Section 4 above.

2.3. Other

3. What experience do current staff members have in working with CFS/ME patients?

As described.

4. Set out plans for future training and development for Centre and Network team staff?

The ME/CFS MDT will receive some aspects of training on an in-house basis, by those healthcare professionals with a special interest in ME/CFS, and currently working within the field.

Worcestershire and Herefordshire MDT will proceed with training alongside the South Birmingham CNCC.

FOR CENTRES **N/A**

5. Proposed Network support (what additional resources required e.g. management time, for centres)

6. What assistance is required by centres from the CFS/ME central management programme? e.g. linking Centres and PCTs, co-ordinating education resources.

Section 6 Partnership Involvement

1. What partnership arrangements are in place and planned across medical specialities e.g. Rehabilitation, Psychiatry, Pain management?

Existing partnerships between medical specialties are generally effective.

2. How do you currently involve patients and carers?

Links with Herefordshire and Worcestershire ME/CFS support groups will be built upon. This will allow evaluation of the patient and carer experience. The support groups have been involved in the bid and are happy to represent patients and carers.

Focus groups will be negotiated prior to service development to allow for accurate feedback and data collection. Patient satisfaction and evaluation questionnaires will be agreed prior to service initiation, to assist the evaluation of the patient experience.

3. Set out how voluntary organisations have contributed to the investment proposal (enclose a letter of support if possible)

Please view appendix 3

FOR CENTRES
4. How do you intend to engage patients and carers in service network development?

Section 7 - Clinical Network Co-ordinating Centres -Additional service improvement roles

For Centres

1. CFS/ME Collaborative (It is anticipated that Centres will lead on different areas of expertise e.g. research or education)
1.1. What area would you wish to lead on?
2. Research
2.1. What research is currently being undertaken or planned?
2.2. Summarise previous research (5 lines)
2.3. How does the clinical team plan to develop research capacity?
2.4. Outline link to MRC CFS/ME Research Strategy
3. Education and Training
3.1. What contribution (if any) is currently made to education and training?
3.2. How will the clinical team provide education and training for other health professionals?

Section 8 - Budget Estimate for Resources 2005-2006

Set out details of costs.

Centre/Team Proposal For 50 new patients p.a.	**Cost of New Service**
Staff Costs (including employer's costs)	
Salaries 2 x Grade A Psychologist (0.2 wte)……£18,800 2 x Occupational Therapist, senior 1 (whole time)……£59,000 2 x Dietician (0.2 wte)……£ 8,700 2 x Physiotherapist, Senior 1 (0.2 wte)……£12,000	
Related Staff Costs	
Recruitment	**Use of local advertising.**
Training	£3,000
Travel Expenses	£7,000
Other Costs	
Overhead costs including management at 10% **(Start up)** Equipment (non recurring, including IT, audio visual and stationery)	£10,850
Total Expenditure:	**£119,350**

****IF THE BID IS UNSUCESFUL, THE ORGANISATIONS INVOLVED WILL NEED TO SCALE BACK THE PROPOSED SERVICES****

***Successful applicants will be asked to provide a timetable for implementation against which allocations will be made.**

Section 9 – Monitoring and Evaluation

1. How will the investment be evaluated?

1.1. Patient outcome (e.g. standard or adapted outcome measures, monitored over time, functional capacity measures, employment status.)

The proposed service will include clear baseline assessment prior to intervention and outcome data evaluation over the 2 years of funding. As previously stated, the MDT will be subject to continual review and formal review will take place at 12 and 18 months post commencement so evaluation can be made about ongoing commitment by all organizations involved.

1.2. Service outcome (e.g. attendances, DNA rate, MDT referrals, patients discharged, other standard NHS activity data)

As above for clinical services.

FOR CENTRES

1.3. Outcome and support for local teams

Section 10 – Declaration

The investment proposal should be signed by the main applicant and be supported by the lead PCT for all applicants and SHA for Centres.

FOR TEAMS

Lead Applicant for Teams **Dr Alastair Miller**

Supporting Applicants

Lead PCT **Redditch and Bromsgrove PCT**

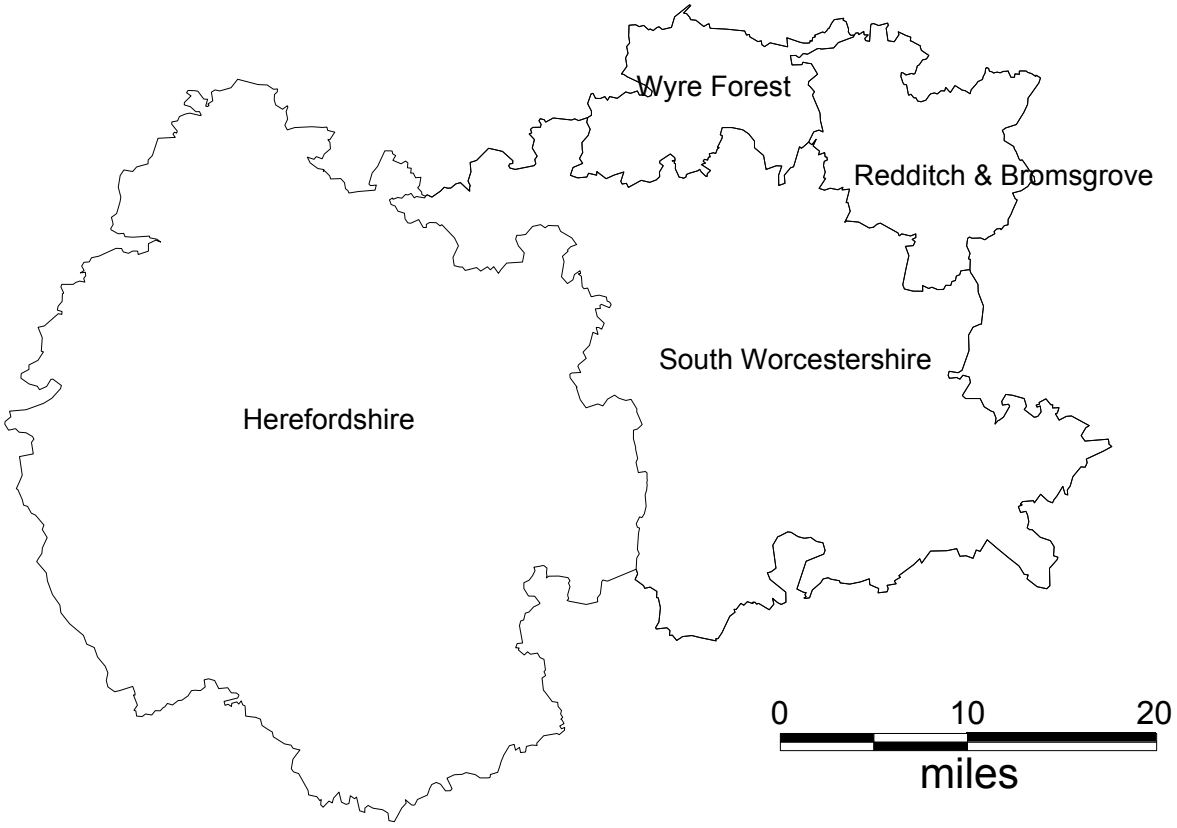
Signature Designation

SHA **West Midlands South**

Signature Designation

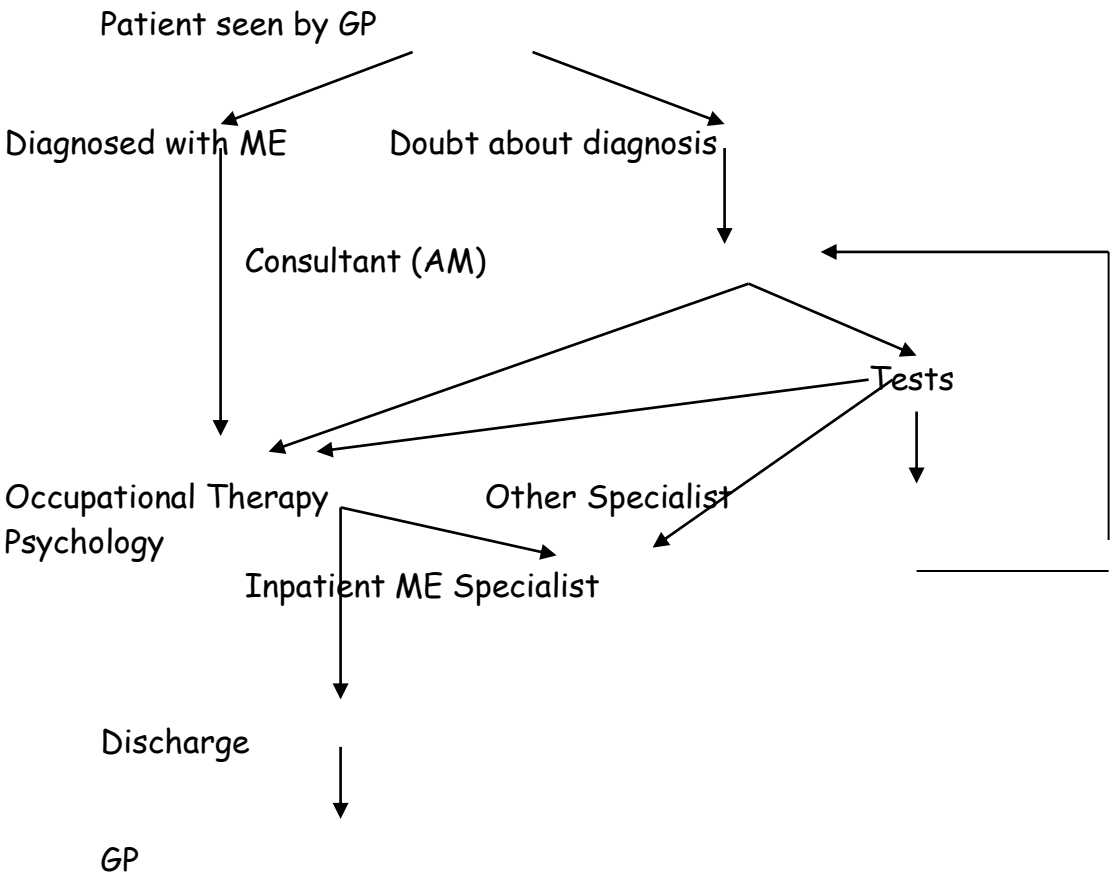
Date of submission **March 2004**

Herefordshire and Worcestershire PCTs



APPENDIX 1 : GEOGRAPHICAL AREA

APPENDIX 2: PROPOSED PATHWAY



APPENDIX 3: SUPPORTING LETTER

Worcestershire M.E. Support Group

Chairman: Ian Logan
1 The Old School House
Church Lane Martley
Worcs WR6 6QA
Tel & Fax: 01886 888419

Treasurer: Bernard Speakman
3 Ditchford Close
Hunt End Redditch
Worcs B97 5XT
Tel: 01527 540650

Co-ordinator: Jill Pigott
2 Blair Close
Berkeley Beverborne
Worcester WR4 0EG
Tel & Fax: 01905 455187

E Mail: worcsmegroup@yahoo.co.uk
Website: www.geocities.com/worcsmegroup

To Whom It May Concern

This letter is written in support of the bid for a Local Multidisciplinary Team for the two counties of Worcestershire and Herefordshire made up of Worcestershire Acute Hospitals Trust, Hereford Hospitals NHS Trust, Herefordshire PCT, Redditch and Bromsgrove PCT, South Worcestershire PCT, Wyre Forest PCT, and Social Services.

The undersigned represent the members of the Worcestershire M.E. Support Group. We are an independent and self funding Group which draws its membership from the whole of the county of Worcestershire.

We, as a group, have campaigned long and hard for the provision of services for CFS/M.E. in the three Worcestershire Primary Care Trusts. At present we have one physician in Worcestershire who has a specialist interest in M.E. and runs two clinics a week in Kidderminster, north of the county. He receives referrals from across Worcestershire, plus Herefordshire and Birmingham. At present there is very little provision for therapists across the county. We urge the PCTs to make maximum use of any opportunity that will support M.E./CFS/FMS sufferers as there is woefully insufficient available at the moment.

It was unanimously decided by our group that we should support our local PCTs to develop their bid. We were invited to work with the steering group in the formulation of this bid and feel that our input has been valued and our ideas incorporated in the proposal.
Dr Alistair Miller, Consultant in Infectious Diseases and Lead Applicant for the MDT Team, and Alison Walshe, Director of Commissioning and Modernisation at Redditch & Bromsgrove Primary Care Trust attended our MDT bid discussion meetings during the last six months.
In May 2003 we were assured by the PCTs that “any future work specifically targeted around care pathways for people with M.E. will involve the M.E. Support Group as part of the process”.

We wish to be kept fully informed and involved in the future development of services for the treatment of CFS/M.E. sufferers in our county, and expect to be represented on the Management Committee.

In conclusion, on behalf of the Worcestershire M.E. Support Group, we wish to endorse this bid.

Ian Logan
Chairman
Worcestershire M.E. Support Group

Jill Pigott
Co-ordinator
Worcestershire M.E. Support Group