Low Suspicion MSCC (LSMSCC) Pathway at Bolton Hospital NHS Foundation Trust

Authors: Clare de Marco Masetti, Vanya Walmsley, Jenny Corry & Kay Marshall

Pathway History

The Macmillan Acute Oncology team introduced a Low Suspicion MSCC pathway at Bolton Hospital NHS Foundation Trust, as per NICE guidelines (CG 75 [2008]), as historically patients were admitted and commenced on the MSCC pathway irrespective of degree of suspicion.

Issues:

- ⇒ **Required admission – an ever increasing demand on hospital beds – need for maintaining patient flow**
- ⇒ **Would commence on high dose steroid, log-rolling and flat bed rest – not required at this juncture for this patient cohort**
- ⇒ **Required whole spine MRI within 24hrs – capacity issues for MR department**
- ⇒ **Not using a holistic approach to patient care – admission was the only option.**

Implementation at Bolton Hospital NHS FT

How we safely implemented the LSMSCC:

- ⇒ **Referrals from ED/Acute Medicine in-hours direct to AO as usual, out of hours – email AOS with patient details – we confirm receipt of email and final diagnosis**
- ⇒ **AO liaised with Lead Radiologist re: agreement for timely imaging and reporting within 6 days and recognition of LSMCC request; so it was evident patient on LSMSCC pathway**
- ⇒ **If referred out of hours, AO contacts the patient and provides RED FLAG advice and contact number/safety-netting**
- ⇒ **Ability to review patient in SDEC if any concerns whilst on LSMSCC pathway for AO assessment**
- ⇒ **Timely management of MSCC or impending MSCC with definitive treatment decision on Day 7.**

Learnings

Robust system required

- Relatively small numbers of patients but labour intensive for AO team behind the scenes. Requires robust monitoring system, so MRI imaging date and reporting are performed by Day 6, for definitive treatment decision on Day 7 - whole team effort!

Learnings

- The AO team are often required to call MRI Dep't to negioate bringing scan date forward, then chase up reporting - due to high demand on Radiology resources, this can occassionally can cause delays to reporting by Day 6
- Patient factors causing breaches to the Day 6 target - certain medical devices in-situ, patient rescheduling scan, patient anxiety prompting repeat imaging and co-morbidites etc.

Patient choice

- Patients preference is being treated ambulatory, knowing they have a safety-net and can have a face to face assessment if required i.e. develop any neurological deficit, increased pain or any other RED FLAG symptom - admission if required. Positive patient feedback.

Clare.demarcomasetti@nhs.net Vanya.Walmsley1@nhs.net Jenny.Corry@nhs.net Kay.Marshall3@nhs.net