

National Institute for Health and Care Excellence

NICE Quality Standards Consultation – Multiple sclerosis

Closing date: Please send this electronically by 5pm on **Wednesday 5th August 2015** to QSconsultations@nice.org.uk

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Please note: comments submitted on the draft quality standard are published on the NICE website.	
Would your organisation like to express an interest in formally supporting this quality standard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
For information about supporting quality standards please visit http://www.nice.org.uk/Standards-and-Indicators/Developing-NICE-quality-standards	

The Institute is unable to accept

- Comments received after the consultation deadline
- Comments submitted not on this proforma
- More than one response per stakeholder organisation
- Confidential information or other material that you would not wish to be made public
- Personal medical information about yourself or another person from which your or the person's identity could be ascertained

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Please provide comments on the draft quality standard on the form below, putting each new comment in a new row. When feeding back, please note the section you are commenting on (for example, section 1 Introduction). If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor). If your comment relates to the standard as a whole then please put 'general'.

In order to guide your comments, please refer to the general points for consideration on the [NICE website](#) as well as the specific questions detailed within the quality standard.

Please add rows as necessary.

Section	Comments
e.g. Section 1 Introduction or quality statement 1 (measure)	e.g. Comment about quality statement 1.
QS 3	<p>While it is laudable that the complexity of need for patients with progressive MS is recognised, there should, perhaps, be more directed guidance as to who could take on the responsibility for co-ordination of care. For patients with problems within the domains of spasticity, continence, pain and cognitive impairment, a physician in rehabilitation medicine is often best placed to address these needs directly and organise subsequent referrals efficiently and appropriately ensuring a smooth transition between services. Given that Patient feedback from the neurological alliance and the MS trust highlights the frustration of having atomised incoherent service delivery, the use of a rehabilitation medicine physician would significantly address this issue. The ability to work across inpatient and community settings is also an advantage of this particular professional group having a co-ordinating role for more complex levels of need. At very least, "Rehabilitation Medicine Specialist" should feature of the list of MDT professionals on page 15 of the document.</p> <p>In terms of measurement would suggest; "All adults with MS should have a named individual or team who takes responsibility for ensuring delivery of a multidisciplinary management plan". It would also be worth thinking about outcomes rather than just processes. A very important indicator may be number of unplanned admissions for patients with progressive MS per population.</p>
QS 5	<p>A yearly review is sensible and meets the needs of a group of patients as long as the professional conducting that review has the clinical skills and access to/knowledge of appropriate pathways for overall disease management. Where there are complex needs that may require input from an MDT, a rehabilitation medicine physician is best</p>

Section	Comments
	<p>placed to carry this out. Management of the various areas of symptom management referred to in the consultation document are all part of the skill set of physicians specialising in rehabilitation medicine as these activities form a core part of their post-graduate training. The ability to manage these problems directly and to understand how and when specific therapy services may be required is both more cost-effective and efficient than a review which flags up problems without having the ability or resources to address them. Having more complex patients reviewed by a physician specialising in rehabilitation medicine allows discussions around prognosis and medical management to form part of this review with the potential to reduce unplanned admissions and to offer care pathways that are more patient-focussed. Page 22 should, therefore, explicitly refer to “Rehabilitation Medicine Specialist” as another healthcare professional in this context.</p> <p>In terms of measurement would suggest; “All adults with MS have an annual review which results in an explicit multidisciplinary management plan which aims to improve participation and social integration. Again, thinking about outcomes rather than processes, the number of unplanned admissions for patients with progressive MS per population would be a good way of assessing the net benefit of these reviews in audit-friendly terms.</p>

What will happen to your comments

A summary of the consultation comments, prepared by the NICE quality standards team, and the full set of consultation comments will be shared with the Quality Standards Advisory Committee (QSAC). The QSAC will then meet to review the comments and the quality standard will be refined with input from the QSAC chair and members.

Please note that NICE does not respond to consultation comments submitted on NICE quality standards. Instead, following the publication of the quality standard, NICE will provide stakeholders who submitted comments with a link to the minutes of the meeting that will summarise the committee discussions and decisions.

The summary of consultation comments and full set of comments received from registered stakeholders will be published on the NICE website alongside the quality standard. Comments received from individuals and non-registered stakeholders will be considered by the QSAC but will not be published on the website.

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.