

# Multiple sclerosis in adults: diagnosis and management

## NICE quality standard

### Draft for consultation

July 2015

## Introduction

This quality standard covers the diagnosis and management of multiple sclerosis (MS) in adults (over 18s). For more information see the [multiple sclerosis topic overview](#).

### ***Why this quality standard is needed***

MS is an acquired chronic immune-mediated inflammatory condition of the central nervous system, affecting both the brain and spinal cord. People with MS typically develop symptoms in their late 20s, experiencing visual and sensory disturbances, limb weakness, gait problems, and bladder and bowel symptoms. They may initially have partial recovery, but over time develop progressive disability.

The cause of MS is unknown but is believed to be related to an abnormal immune response to environmental triggers in people with a genetic predisposition. The initial phase of inflammation is followed by a phase of progressive degeneration of the affected cells in the nervous system.

MS affects approximately 100,000 people in the UK. It is the commonest cause of serious physical disability in adults of working age.

The most common pattern of disease is relapsing–remitting MS (RRMS), in which periods of stability (remission) are followed by periods when symptoms are worse (relapses). About 85% of people with MS have RRMS at onset. Around two-thirds of people who start with RRMS may develop secondary progressive MS: this happens when the disability gradually gets worse over time and is not related to any relapses, which become less frequent or stop completely. Also between 10-15% of 100 people

with MS have primary progressive MS in which symptoms gradually develop and get worse over time, without ever experiencing relapses and remissions.

MS can lead to a high level of disability with considerable personal, social and economic consequences. People with MS may live for many years after diagnosis with significant impact on their ability to work, as well as an adverse and often highly debilitating effect on their quality of life and that of their families.

Management of MS includes treatment to reduce the frequency and severity of relapses, managing symptoms and lifestyle changes to manage relapses or disease progression.

The quality standard is expected to contribute to improvements in the following outcomes:

- patient experience of the diagnostic process and support
- frequency of relapse
- severity of relapse
- emergency hospital admissions
- length of hospital stay
- severity of disability
- carer quality of life.

### ***How this quality standard supports delivery of outcome frameworks***

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2015–16](#)
- [Adult Social Care Outcomes Framework 2015–16](#)

- [Public Health Outcomes Framework 2013–2016](#).

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1 [NHS Outcomes Framework 2015–16](#)**

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	<p><b>Overarching indicator</b></p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p><b>Improvement areas</b></p> <p><b>Ensuring people feel supported to manage their condition</b></p> <p>2.1 Proportion of people feeling supported to manage their condition (ASCOF 1A**)</p> <p><b>Improving functional ability in people with long-term conditions</b></p> <p>2.2 Employment of people with long-term conditions (ASCOF 1E** and PHOF 1.8*)</p> <p><b>Improving quality of life for people with multiple long-term conditions</b></p> <p>2.7 Health-related quality of life for people with three or more long-term conditions (ASCOF 1A**)</p>
4 Ensuring that people have a positive experience of care	<p><b>Overarching indicator</b></p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>4b Patient experience of hospital care</p> <p>4c Friends and family test</p> <p>4d Patient experience characterised as poor or worse</p> <p>i. Primary care</p> <p>ii. Hospital care</p> <p><b>Improvement areas</b></p> <p><b>Improving people’s experience of outpatient care</b></p> <p>4.1 Patient experience of outpatient services</p> <p><b>Improving people’s experience of integrated care</b></p> <p>4.9 People’s experience of integrated care (ASCOF 3E**)</p>
<p><b>Alignment across the health and social care system</b></p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p>	

**Table 2 [The Adult Social Care Outcomes Framework 2015–16](#)**

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	<p><b>Overarching measure</b></p> <p>1A Social care-related quality of life*</p>
3 Ensuring that people have a positive experience of care and support	<p><b>Overarching measure</b></p> <p>People who use social care and their carers are satisfied with their experience of care and support services.</p> <p>3A Overall satisfaction of people who use services with their care and support.</p> <p>3B Overall satisfaction of carers with social services of carers.</p> <p>Placeholder 3E: The effectiveness of integrated care*</p> <p><b>Outcome measures</b></p> <p><b>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help</b></p> <p>3D The proportion of people who use services and carers who find it easy to find information about support.</p>
<b>Aligning across the health and care system</b>	
* Indicator complementary	

**Table 3 [Public health outcomes framework for England, 2013–2016](#)**

Domain	Objectives and indicators
1 Improving the wider determinants of health	<p><b>Objective</b></p> <p>Improvements against wider factors which affect health and wellbeing and health inequalities</p> <p><b>Indicators</b></p> <p>1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services*</p> <p>1.9 Sickness absence rate</p>
2 Health improvement	<p><b>Objective</b></p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p><b>Indicators</b></p> <p>2.13 Proportion of physically active and inactive adults</p> <p>2.23 Self-reported well-being</p>
<b>Alignment across the health and social care system</b>	
* Indicator shared with the NHS Outcomes Framework.	

## ***Patient experience and safety issues***

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to multiple sclerosis.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on [patient experience in adult NHS services](#)), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and are supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Statements 9, 12 and 14 from the NICE quality standard on patient experience in adult NHS services are particularly relevant to this topic. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that impact on patient experience and are specific to the topic are considered during quality statement development. Statement 1 covers the provision of information and the offer of support at the time of diagnosis.

## ***Coordinated services***

The quality standard for MS specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole MS care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to adults with MS.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality multiple sclerosis service are listed in Related quality standards.

## **Training and competencies**

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing, caring for and treating adults with multiple sclerosis should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

## **Role of families and carers**

Quality standards recognise the important role families and carers have in supporting adults with MS. If appropriate, healthcare professionals and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

## **List of quality statements**

[Statement 1](#). Adults with MS are supported by the consultant neurologist at the time of diagnosis to understand the condition, its progression and the ways it can be managed.

[Statement 2](#). Adults with MS are offered a follow-up appointment with a healthcare professional with expertise in MS to take place within 6 weeks of diagnosis.

[Statement 3](#). Adults with MS have a single point of contact to co-ordinate access to care from multi-disciplinary services.

[Statement 4](#). Adults with MS who have a relapse are offered treatment as soon as possible but within 14 days of the onset of symptoms.

[Statement 5](#). Adults with MS are offered a comprehensive review by a healthcare professional with expertise in MS at least once a year.

## Questions for consultation

### *Questions about the quality standard*

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

**Question 3** For each quality statement what do you think could be done to support improvement and help overcome barriers?

## Quality statement 1: Support at diagnosis

### ***Quality statement***

Adults with MS are supported by the consultant neurologist at the time of diagnosis to understand the condition, its progression and the ways it can be managed.

### ***Rationale***

Receiving a diagnosis of a long-term condition like multiple sclerosis (MS) is life changing and stressful. It is important that consultant neurologists offer information, advice and support at the time of diagnosis so that the person with MS has a sense of control over their own life, is more able to make decisions about how their condition is managed, and is less anxious.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that adults with MS are supported by the consultant neurologist at the time of diagnosis to understand the condition, its progression and the ways it can be managed.

***Data source:*** Local data collection.

#### **Process**

Proportion of adults with MS who are given information about the condition by the consultant neurologist at the time of diagnosis.

Numerator – The number in the denominator who are given information about the condition by the consultant neurologist at the time of diagnosis.

Denominator – The number of adults with a new diagnosis of MS.

***Data source:*** Local data collection.

#### **Outcome**

Adults with multiple sclerosis are satisfied with the support provided at diagnosis.

***Data source:*** Local data collection.

### ***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** (secondary care neurology services) ensure that systems are in place for adults with MS to be supported by the consultant neurologist at the time of diagnosis to understand the condition, its progression and the ways it can be managed.

**Healthcare professionals** (consultant neurologists) ensure that they support adults with MS to understand the condition, its progression and the ways it can be managed at the time of diagnosis.

**Commissioners** (NHS England local area teams and clinical commissioning groups) ensure that they commission services that support adults with MS to understand the condition, its progression and the ways it can be managed at the time of diagnosis.

### ***What the quality statement means for patients, service users and carers***

**Adults with MS** are given support by the consultant when they are first told about their condition. This will help them to understand what MS is, what treatments are available and how symptoms can be managed.

### ***Source guidance***

- [Multiple sclerosis](#) (2014) NICE guideline CG186, recommendations 1.2.2 (key priority for implementation)

### ***Definitions of terms used in this quality statement***

#### **Support**

This should include oral and written information about:

- what MS is
- treatments, including disease-modifying therapies
- symptom management
- how support groups, local services, social services and national charities are organised and how to get in touch with them

- legal requirements such as notifying the Driver and Vehicle Licensing Agency (DVLA) and legal rights including social care, employment rights and benefits.

[\[Multiple sclerosis\]](#) (NICE guideline CG186 recommendations 1.2.2)]

### ***Equality and diversity considerations***

Cognitive problems are a common symptom of MS. People can experience a wide range of difficulties, including problems with attention, memory and decision-making, and planning. All information should be accessible to people with cognitive problems. People receiving information about MS should have access to an interpreter or advocate if needed. Both oral and written information should be offered.

## Quality statement 2: Follow-up after diagnosis

### ***Quality statement***

Adults with MS are offered a follow-up appointment with a healthcare professional with expertise in MS to take place within 6 weeks of diagnosis.

### ***Rationale***

It can be difficult for people with multiple sclerosis (MS) to take in the information and advice they are given at the time of diagnosis. It is important that people have a follow-up appointment with a healthcare professional with expertise in MS within 6 weeks of diagnosis. This means that they have time to adjust to their diagnosis, can think about the information that they were given and any further information they want, and can have any questions answered by a specialist.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that adults with MS have a follow-up appointment with a healthcare professional with expertise in MS within 6 weeks of diagnosis.

***Data source:*** Local data collection.

#### **Process**

Proportion of adults with MS who have a follow-up appointment with a healthcare professional with expertise in MS within 6 weeks of diagnosis.

Numerator – The number in the denominator who have a follow-up appointment with a healthcare professional with expertise in MS within 6 weeks of diagnosis.

Denominator – The number of adults diagnosed with MS.

***Data source:*** Local data collection.

### ***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** (secondary care neurology services) ensure that systems are in place for adults with MS to be given a follow-up appointment with a healthcare professional with expertise in MS within 6 weeks of diagnosis.

**Healthcare professionals** (consultant neurologists) ensure that they offer adults with MS a follow-up appointment with a healthcare professional with expertise in MS to take place within 6 weeks of diagnosis.

**Commissioners** (NHS England local area teams clinical commissioning groups) ensure that they commission services in which adults with MS are offered a follow-up appointment with a healthcare professional with expertise in MS to take place within 6 weeks of diagnosis.

### ***What the quality statement means for patients, service users and carers***

**Adults with MS** are offered another appointment to take place within 6 weeks of their diagnosis. This gives them time to read and think about the information given at the time of diagnosis and the opportunity to have any questions answered by a healthcare professional with experience in MS. They can also ask for more information and support if they need it.

### ***Source guidance***

- [Multiple sclerosis](#) (2014) NICE guideline CG186, recommendation 1.2.4 (key priority for implementation).

### ***Definitions of terms used in this quality statement***

#### **Healthcare professional with expertise in MS**

A neurologist or another healthcare professional such as an MS nurse depending on local service organisation [[Multiple sclerosis](#) NICE full guideline CG186].

***Equality and diversity considerations***

Cognitive problems are a common symptom of MS. People can experience a wide range of difficulties, including problems with attention, memory and decision-making, and planning. This might mean that people with MS forget that they have an appointment, so they should be reminded and followed up if they do not attend.

## Quality statement 3: Co-ordinated care

### ***Quality statement***

Adults with MS have a single point of contact to co-ordinate access to care from multi-disciplinary services.

### ***Rationale***

Adults with multiple sclerosis (MS) have different needs for information, advice and support, and this will change as their condition progresses. Support should be responsive to changing needs, and tailored to the individual person. A single point of contact will ensure adults with MS can access care and support from health and social care practitioners to meet their specific needs.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that adults with MS have a single point of contact to co-ordinate access to care from multi-disciplinary services.

***Data source:*** Local data collection.

#### **Process**

Proportion of adults with MS who have a single point of contact to co-ordinate access to care from multi-disciplinary services.

Numerator – The number in the denominator who have a single point of contact to co-ordinate access to care from multi-disciplinary services.

Denominator – The number of adults with MS.

***Data source:*** Local data collection.

#### **Outcome**

Adults with MS are satisfied with the co-ordination of their care.

***Data source:*** Local data collection.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** (GPs and secondary care neurology services) ensure that processes are in place for adults with MS to have a single point of contact to co-ordinate access to care from multi-disciplinary services.

**Health and social care practitioners** (members of a multidisciplinary team) support the co-ordination of care through a single point of contact for adults with MS.

**Commissioners** (NHS England local area teams and clinical commissioning groups) ensure that they commission services that have a single point of contact to co-ordinate access to care from multi-disciplinary services for adults with MS.

### ***What the quality statement means for patients, service users and carers***

**Adults with MS** have someone they can contact to help them access the care they need from health and care services. They will be able to discuss any changes in their condition and any extra or alternative support they might need with their care co-ordinator. Support should be available from a team with expertise in managing MS.

### ***Source guidance***

- [Multiple sclerosis](#) (2014) NICE guideline CG186, recommendations 1.3.1 (key priority for implementation) and 1.3.2.

### ***Definitions of terms used in this quality statement***

#### **Multidisciplinary services**

The team should involve professionals who can best meet the needs of the person with MS including:

- consultant neurologists
- MS nurses
- physiotherapists and occupational therapists
- speech and language therapists, psychologists, dietitians, social care and continence specialists

- GPs.

[\[Multiple sclerosis\]](#) (NICE guideline CG186 recommendation 1.3.1)]

## Quality statement 4: Managing relapses

### **Quality statement**

Adults with MS who have a relapse are offered treatment as soon as possible but within 14 days of the onset of symptoms.

### **Rationale**

Rapid treatment of relapse can improve recovery and long-term outcomes of people with MS and prevent unnecessary unplanned hospital admissions. Local pathways for managing relapse can help to identify relapses early and improve response times.

### **Quality measures**

#### **Structure**

Evidence of local pathways to ensure that adults with MS who have a relapse are offered treatment as soon as possible but within 14 days of the onset of symptoms.

**Data source:** Local data collection.

#### **Process**

a) Length of time to receive treatment from onset of symptoms of relapse for adults with MS.

**Data source:** Local data collection.

b) Proportion of relapses for adults with MS that are treated within 14 days of the onset of symptoms.

Numerator – The number in the denominator treated within 14 days of the onset of symptoms.

Denominator – The number of relapses for adults with MS.

**Data source:** Local data collection.

## Outcome

Unplanned hospital admissions for MS.

**Data source:** [Hospital episode statistics, Admitted Patient Care](#), using ICD-10 code G35, from The Health and Social Care Information Centre.

### ***What the quality statement means for service providers, health, public health and social care practitioners, and commissioners***

**Service providers** (GPs, community health teams and secondary care neurology services) ensure that local pathways for managing relapse are in place so that adults with MS who have a relapse are offered treatment as soon as possible but within 14 days of the onset of symptoms.

**Health and social care practitioners** ensure that they are aware of local pathways for managing relapse so that adults with MS who have a relapse are offered treatment as soon as possible but within 14 days of the onset of symptoms.

**Commissioners** (NHS England local area teams and clinical commissioning groups) ensure that they commission services that have local pathways for managing relapse for adults with MS so that treatment is offered as soon as possible but within 14 days of the onset of symptoms.

### ***What the quality statement means for patients, service users and carers***

**Adults with MS who have a relapse** are offered treatment for their symptoms as soon as possible, but within 14 days of the symptoms starting. Quicker treatment should help recovery and might mean they don't have to go to hospital.

### **Source guidance**

- [Multiple sclerosis](#) (2014) NICE guideline CG186, recommendation 1.7.5.

## ***Definitions of terms used in this quality statement***

### **Relapse**

A relapse is diagnosed by a healthcare professional with expertise in MS after an assessment. A relapse should be diagnosed if the person develops new symptoms or their existing symptoms get worse and last for more than 24 hours in the absence of infection or any other cause after a stable period of at least 1 month. [[Multiple sclerosis](#) (NICE guideline CG186 recommendation 1.7.3 and expert opinion)]

## Quality statement 5: Comprehensive review

### ***Quality statement***

Adults with MS are offered a comprehensive review by a healthcare professional with expertise in MS at least once a year.

### ***Rationale***

A comprehensive review for people with multiple sclerosis (MS) ensures that healthcare professionals have the opportunity to tell people about any new treatments, to keep them informed of their options, and to identify any issues or changes that might need referral to different services or other healthcare professionals. A planned review will also pick up people who have not been in contact with services whose condition is not being monitored and who are not receiving support, who may have more unmet needs than those in regular contact.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that adults with MS are offered a comprehensive review by a healthcare professional with expertise in MS at least once a year.

***Data source:*** Local data collection.

#### **Process**

Proportion of adults with MS who receive a comprehensive review by a healthcare professional with expertise in MS at least once a year.

Numerator – The number in the denominator who are offered a comprehensive review within 12 months of the previous review, or diagnosis, as appropriate.

Denominator – The number of adults with MS.

***Data source:*** Local data collection.

### ***What the quality statement means for service providers, healthcare professionals and commissioners***

**Service providers** (GPs, community health teams and secondary care neurology services) ensure that adults with MS are offered a comprehensive review by a healthcare professional with expertise in MS at least once a year.

**Healthcare professionals** with expertise in MS ensure that they offer adults with MS a comprehensive review at least once a year.

**Commissioners** (NHS England local area teams and clinical commissioning groups) ensure that they commission services that offer adults with MS a comprehensive review by a healthcare professional with expertise in MS at least once a year.

### ***What the quality statement means for patients, service users and carers***

**Adults with MS** are offered an appointment to discuss their condition at least once a year. At this appointment they are asked about their symptoms, their overall health and wellbeing, and how their condition affects their day-to-day life (family life, work and other activities). They can raise any problems and mention any extra support they need. A planned yearly appointment will also pick up people who have not been in contact with services over the past year but need some support.

### ***Source guidance***

- [Multiple sclerosis](#) (2014) NICE guideline CG186, recommendation 1.6.1.

### ***Definitions of terms used in this quality statement***

#### **Comprehensive review**

A comprehensive review involves review of all aspects of care for a person with MS. The review should be carried out by a healthcare professional with expertise in MS and its complications, be tailored to the needs of the person with MS, and assess the following:

- MS symptoms
- The course of the disease and number of relapses in the past year

- General health
- Social activity and participation
- Care and carers

Other health and social care practitioners with expertise in specific areas of the review should be involved if needed. Any issues identified during the comprehensive review should be referred to other members of the MS multidisciplinary team and to other appropriate teams so that they can be managed. People with MS should also be offered a medication review.

[\[Multiple sclerosis\]](#) (NICE guideline CG186 recommendations 1.6.1, 1.6.2, 1.6.3, 1.6.4 and 1.6.5)]

### **Healthcare professional with expertise in MS**

A neurologist or another healthcare professional such as an MS nurse depending on local service organisation. It is likely that the emphasis in the review may change over time and that different healthcare professionals may carry out the review.

[\[Multiple sclerosis\]](#) NICE full guideline CG186].

## Status of this quality standard

This is the draft quality standard released for consultation from 8 July to 5 August 2015. It is not NICE's final quality standard on multiple sclerosis (MS). The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 5 August 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from January 2016.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

### ***Using other national guidance and policy documents***

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources.

## **Diversity, equality and language**

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between health and social care practitioners and adults with multiple sclerosis (MS) is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Adults with MS should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## **Development sources**

Further explanation of the methodology used can be found in the quality standards [Process guide](#).

## ***Evidence sources***

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Multiple sclerosis](#) (2014) NICE guideline CG186

## ***Policy context***

It is important that the quality standard is considered alongside current policy documents, including:

- NHS England (2014) [Clinical commissioning policy: disease modifying therapies for patients with multiple sclerosis \(MS\)](#)
- Department of Health (2011) [The risk sharing scheme for disease modifying therapies in MS](#)
- Department of Health (2005) [National service framework for long term conditions](#)

## ***Definitions and data sources for the quality measures***

- The Health and Social Care Information Centre (2015) [Hospital episode statistics](#)

## **Related NICE quality standards**

### ***Published***

- [Pressure ulcers](#) (2015) NICE quality standard 89
- [Physical activity: encouraging activity in all people in contact with the NHS \(staff, patients and carers\)](#) (2015) NICE quality standard 84
- [Urinary incontinence in women](#) (2015) NICE quality standard 77
- [Faecal incontinence](#) (2014) NICE quality standard 54
- [Anxiety disorders](#) (2014) NICE quality standard 53
- [Lower urinary tract symptoms in men](#) (2013) NICE quality standard 45
- [Smoking cessation: supporting people to stop smoking](#) (2013) NICE quality standard 43
- [Nutrition support in adults](#) (2012) NICE quality standard 24
- [End of life care for adults](#) (2011) NICE quality standard 13

- [Depression in adults](#) (2011) NICE quality standard 8

### ***Future quality standards***

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Osteoporosis
- Pain management (young people and adults)
- Workplace: long-term sickness absence and management

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

## **Quality Standards Advisory Committee and NICE project team**

### ***Quality Standards Advisory Committee***

This quality standard has been developed by Quality Standards Advisory Committee 4. Membership of this committee is as follows:

#### **Miss Alison Allam**

Lay member

#### **Dr Harry Allen**

Consultant Old Age Psychiatrist, Manchester Mental Health and Social Care Trust

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The following specialist members joined the committee to develop this quality standard:

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Co-ordinator

## **About this quality standard**

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathway on [multiple sclerosis](#).

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