**The Primary Care Neurology Society**

**Nation Institute for Health and Care Excellence**

**Single Technology Appraisal (STA)**

**Alemtuzumab for the treatment of relapsing-remitting multiple sclerosis**

***[redacted] – Lead Nurse Specialist in Neurology***

The Primary Care Neurology Society (P-CNS) is an organisation that represents and supports healthcare professionals who are involved in treating patients with Multiple Sclerosis for which NICE is considering the technology.

In my role on the steering committee I have a specialist interest in neurology services, in particular MS. I am employed in primary care as a neurology specialist nurse and have direct contact with patients who could potentially be receiving the technology.

Within P-CNS, I have been involved in projects looking at the care of patients with MS in terms of developing community services and providing educational talks to the wider professional community with an interest in neurology.

In the NHS currently the technology is provided on a research basis in large neurology centres. This means that only patients with access to these large centres either by referral or living in the locality have the opportunity to receive it. Geographically they are spread throughout the country and are therefore not available for all patients who meet the inclusion criteria due to the need to travel.

Currently there are alternatives to this particular technology, such as disease modifying drugs that have already been agreed in practice. However, the effectiveness of these technologies and the outcomes are different to the technology being appraised in this case.

The advantages and disadvantages of current treatments have been identified during trials. The impact of these is indentified on an individual patient basis. Some current treatments are via daily or weekly injection which will the suit some patients' lifestyles better than others; in addition the adverse events associated with the current technology can be poorly tolerated by some patients. An example of this is the flu like illness after each injection with the current injectables.

The technology being appraised has been targeted at a variety of different patient groups over the past years that it has been researched. Therefore it is necessary to ascertain the target patient group that could benefit without excluding a potential positive result in a group that has been previously researched. For example, patients with rapidly evolving disease with no relapses may show benefits to the technology as well as those who have rapidly evolving disease with frequent relapses.

Currently the technology is only available in larger acute settings within specialist centres. The delivery method of the technology is via intravenous injection, making it necessary for the patient to attend a clinic/ward environment. If the technology were made available in local acute settings there would be more opportunity for patients to be treated closer to home negating the need to travel long distances to access services.

Bringing the technology more locally and having a greater focus on community services, such as community based specialist teams and specialist nurses would mean that the patient could benefit from a holistic care package. There would also be the opportunity for integration of acute and community services to support the technology. It would also ensure that all health professionals involved in the care of patients with MS are involved in pathways and service development.

With any new technology that is administered to patients in a hospital/clinic environment no matter how long this is for it will have an impact on their quality of life. It is important that this is taken into account when planning delivery of new technologies.

In addition; by nature of the disease MS causes a wide variety of symptoms which may impact on their ability to access treatments. This should be taken into account when accessing patients' suitability against inclusion criteria. In order to ensure that patients receive the best possible outcome it is important to ensure that the technology is delivered, monitored and reviewed by professionals with an expertise in MS.

From the research that has been undertaken on the technology there has been positive outcomes for patients in receipt of it, thus improving overall quality of life as well as improvement in symptoms and slowing of disease progression.