



Specialist nurses can save NHS money

The Royal College of Nursing (RCN) has published a report that suggests the NHS could save money by investing in specialist nurses. The RCN surveyed almost 300 specialist nurses working in different conditions and settings. Amongst other findings it estimates that millions of pounds could be saved by treating MS relapses at home rather than in hospital.

The MS Trust has campaigned for specialist nurses for MS since the 1990s and was instrumental in saving a number of posts in the NHS's financial crisis in 2006 through support to nurses and direct contact with NHS Trusts.

The RCN report echoes research funded by the MS Trust in 2001 that found that by offering a more responsive and focussed service to people with MS, an MS nurse could lead to savings of £64,000 a year in hospital admissions alone.¹

Further research looked at the treatment of a relapse with steroids by a specialist nurse in the individual's home rather than in hospital. This found that the cost of the service was at least the same and often cheaper when delivered at home than when in hospital.² A French study applied this research over a larger area and reported considerable savings.³

1. Johnson J, et al. Evaluation of MS specialist nurses: a review and development of the role. London: South Bank University & Letchworth: MS Research Trust; 2001 June.
2. Chataway J, et al. Home versus outpatient administration of intravenous steroids for multiple-sclerosis relapses: a randomised controlled trial. *Lancet Neurology* 2006;5(7):565-571.
3. Créange A, et al. Home administration of intravenous methylprednisolone for multiple sclerosis relapses: the experience of French multiple sclerosis networks. *Multiple Sclerosis* 2009;15(9):1085-1091.

Assisted suicide guidelines issued

The Director of Public Prosecutions has issued new guidelines on prosecution for someone assisting a suicide.

The guidelines follow the ruling by the law lords on a campaign mounted by Debbie Purdy, who has

MS, to clarify the law. She and her husband wanted to know under what circumstances he would be prosecuted if he helped her travel abroad to die.

Following several months of public consultation, the new guidelines centre on whether the individual has made a voluntary, clear and informed decision and whether the assister was wholly motivated by compassion and does not stand to gain from the death.

The announcement is not a change in law and assisted suicide remains illegal with a prison sentence of up to 14 years. The new guidelines indicate where the DPP would exercise discretion in applying the law.

Fingolimod granted priority review in the States

The Food and Drug Administration (FDA), the licensing body in the USA, has granted priority review to fingolimod (brand name Gilenya), a new oral treatment for relapsing remitting MS. A priority review of a licence application is granted to medicines with high unmet need or in areas with inadequate available treatments and means that the review time will be reduced from ten months to six months.

An application for a licence was submitted to the regulators in Europe in December 2009. The European review process is not affected by the American announcement and a decision is not expected before 2011.

Order the MS Trust's *Fingolimod factsheet* on the back page

Fampridine launched in USA

Fampridine (Ampyra), a new oral drug that improves walking in people with MS, was launched in the USA in March. Research conducted by the manufacturer, Acorda, showed improvements in the time needed to complete a 25-foot walking exercise. In granting its approval of the drug, the FDA warned that fampridine can cause seizures when given at higher-than-recommended doses. It should also not be used by people with kidney disease. Fampridine was submitted for a licence application in Europe in January 2010, and a decision is not expected before 2011.