



E1: Clinical services and complementary therapies

One of the key aims of the Local Networks Programme is to increase the impact of services funded or directly delivered by MS Society groups. We plan to achieve this by concentrating MS Society resources on providing a narrower range of safe, professionally delivered, high quality services that we can show to be effective for people with MS. We want to reach as many people as possible and we want to guarantee a consistent quality of service no matter where in the UK they access it from.

We have agreed a set of definitions and criteria that must be met before clinical services or complementary therapies can be funded or directly delivered by MS Society groups.

Over time we will develop a list of prioritised services to choose from with Quality Standards, risk management and impact measurements for each.

Definitions

The MS Society defines clinical services as "healthcare services which relate to the direct treatment of a person to alleviate their symptoms of MS." Examples include physiotherapy, podiatry and counselling for anxiety and depression.

We define complementary therapies as "therapies which have been developed outside of mainstream medical and scientific thinking which are used in addition to healthcare services, as well as by people with no specific condition."

Criteria for delivery

The criteria we have developed will ensure that clinical services funded or directly provided by MS Society groups have proven benefits to people with MS (are **impactful**), are delivered by qualified professionals, and don't duplicate services which the NHS does, or should provide.

Clinical services - criteria for delivery

- ✓ delivered by competent professionals through the use of standardised service level agreements (SLAs)
- ✓ based on evidence of need and impact
- ✓ not a duplication of existing NHS service delivery or services the NHS is expected to deliver
- ✓ centred on the individual needs of each person, not a 'one size fits all approach'
- ✓ delivered as purposeful 'interventions' with goals so we can measure the outcomes
- ✓ meet MS Society Quality Standards
- ✓ enable people with MS to move between 'joined up' treatment, care and support right for their needs and provided by the organisation best able to deliver this service at the right time



For more on **Quality Standards**, see [Local Networks Programme Guide E2: Quality Standards](#) on our **volunteer website** or later in this guide.

Our criteria will also support MS Society groups to focus on a narrower range of complementary therapies that meet our Quality Standards.

Complementary therapies - criteria for delivery

- ✓ all therapies are delivered by competent professionals and through standardised SLAs
- ✓ we will not provide or fund complementary therapies where there is a reasonable (even if low) risk of harm to individuals, no clear evidence of benefit and no likely impact on overall wellbeing
- ✓ when deciding how much to invest in funding complementary therapies, MS Society groups are expected to consider likely impact and reach of these services, the cost of providing them and other demands on the group's resources

What does this mean for our MS Society group?

The first of our Quality Standards for MS Society group activities are now available, covering advice partnerships, exercise classes, and social or peer support. Your **Local Networks Officer** (LNO) will support you to achieve these Quality Standards and others as they become available.



For contact details for your Local Networks Officer, see [Your Local Networks Team](#) on the **volunteer website** or contact the **Supporter Care Team** for assistance.

We are also developing a **Service Level Agreement template** for all MS Society group activities that require them; this will be available from January 2017. Over time, and as existing SLAs come to an end, your LNO will work with you to review the clinical services and complementary therapies funded or directly provided by your MS Society group to determine our next steps.

In a very small number of cases, this may mean we stop providing a service which cannot be shown to be impactful and safe.

Your MS Society group will need to consider existing NHS provision when planning and reviewing services. If the service provided by the NHS is insufficient or not readily accessible, it may be more appropriate to campaign for improved NHS provision locally before committing resources to establishing our own service.



See our [Local Campaigning Toolkit](#) on the **volunteer website** or contact the **Supporter Care Team** to request a printed copy.

Clinical services and complementary therapy support

Staff support

Your **Local Networks Officer** (LNO) will work with you to review the clinical services and complementary therapies funded or directly provided

by your MS Society group, and support you to achieve Quality Standards as they become available.



See [Appendix 1: Volunteer website resource index](#) for an alphabetical list of all online resources referred to in this guide - click on any link to be taken to that resource. You can also contact the **Supporter Care Team** to request a printed copy of any resource.

Service starter kits

A group of MS Society volunteers and staff are currently developing guidance to support MS Society groups to set up new services, based on what has and hasn't worked for groups developing and running a similar service. Each **service starter kit** will cover 'best practice' on how to get the service up and running as quickly and efficiently as possible, and include a range of resources to help MS Society groups to do this.

Service starter kits will be available on the **volunteer website** from early 2017.

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