

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Neurological problems: assessment, diagnosis and referral

Topic

The Department of Health in England has asked NICE to develop a clinical guideline on the assessment, diagnosis and referral of neurological problems.

For more information about why this guideline is being developed, and how the guideline will fit into current practice, see the [context](#) section.

Who the guideline is for

- Non-specialist healthcare professionals in primary and secondary care.
- People using services, their family members and carers, and the public.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out [an equality impact assessment](#) [add hyperlink in final version] during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to disabilities, communication difficulties, functional symptoms and psychiatric disorders.

24 **1 What the guideline is about**

25 **1.1 Who is the focus?**

26 **Groups that will be covered**

- 27 • Children, young people and adults who present in non-specialist settings
- 28 with symptoms suggestive of a neurological problem.
- 29 • Children aged 5 years and under have been identified as a subgroup
- 30 needing specific consideration.

31 **Groups that will not be covered**

- 32 • Neonates (infants aged 28 days and under)

33 **1.2 Settings**

34 **Settings that will be covered**

- 35 • Primary and secondary care.

36 **1.3 Activities, services or aspects of care**

37 **Key areas that will be covered**

- 38 1 Examinations, assessment tools and tests that non-specialists could use
- 39 to help them decide whether a person with symptoms suggestive of a
- 40 neurological problem should be referred to a specialist.
- 41 2 Indications for referral to specialist care.
- 42 3 Information, support and initial management advice for people with a
- 43 suspected neurological problem and their family members and/or carers

44 **Areas that will not be covered**

- 45 1 Assessment, diagnosis and management of suspected neurological
- 46 problems after referral to specialist neurological services.
- 47 2 Neurological conditions on which NICE guidance already exists or is in
- 48 development will not be covered in this guideline. However if recognition
- 49 of symptoms by non-specialists is covered in other guidelines, then this
- 50 guideline will cross-refer. NICE guidance includes the following:

- 51 – Brain cancers.
- 52 – Cerebral palsy.
- 53 – Delirium.
- 54 – Dementia.
- 55 – Epilepsy.
- 56 – Faecal incontinence.
- 57 – Headaches.
- 58 – Metastatic spinal cord compression.
- 59 – Motor neurone disease.
- 60 – Multiple sclerosis.
- 61 – Neuropathic pain.
- 62 – Parkinson's disease.
- 63 – Spasticity.
- 64 – Spinal conditions (specifically low back pain and sciatica, and spinal
- 65 injury).
- 66 – Stroke.
- 67 – Transient loss of consciousness.
- 68 – Urinary incontinence.

69 **1.4 Economic aspects**

70 We will take economic aspects into account when making recommendations.
71 We will develop an economic plan that states for each review question (or key
72 area in the scope) whether economic considerations are relevant, and if so
73 whether this is an area that should be prioritised for economic modelling and
74 analysis. We will review the economic evidence and carry out economic
75 analyses, using an NHS and personal social services (PSS) perspective, as
76 appropriate.

77 **1.5 Key issues and questions**

78 While writing this scope, we have identified the following key issues, and key
79 questions related to them:

- 80 1 Examinations, assessment tools and tests that non-specialists could use
81 to help them decide whether a person with symptoms suggestive of a

82 neurological problem should undergo further investigation or be referred
83 to a specialist.

84 1.1 What examinations could non-specialists carry out when a person
85 presents with symptoms suggestive of a neurological problem?

86 1.2 What assessment tools, such as algorithms, could non-specialists
87 use when a person presents with symptoms suggestive of a neurological
88 problem?

89 1.3 What investigative tests could non-specialists use when a person
90 presents with symptoms suggestive of a neurological problem?

91 2 Indications for referral to specialist care.

92 2.1 Which criteria (symptoms, signs, risk factors and red flags) indicate
93 the need for referral to specialist neurological care?

94 3 Information, support and initial management advice for people with a
95 suspected neurological problem and their family members and/or carers.

96 3.1 What are the information, support and initial management advice
97 needs of people who have a suspected neurological problem and their
98 family members and/or carers?

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100 The key questions may be used to develop more detailed review questions,
101 which guide the systematic review of the literature.

102 **1.6 Main outcomes**

103 The main outcomes that will be considered when searching for and assessing
104 the evidence are:

105 1 Time to referral.

106 2 Time to diagnosis.

107 3 Number of referrals.

108 4 Positive predictive value of symptoms.

109 5 Diagnostic accuracy of tests.

110 6 Patient satisfaction.

111 7 Carer satisfaction.

112 8 Quality of life.

113 **2 Links with other NICE guidance, NICE quality** 114 **standards, and NICE Pathways**

115 **2.1 NICE guidance**

116 **NICE guidance about the experience of people using NHS services**

117 NICE has produced the following guidance on the experience of people using
118 the NHS. This guideline will not include additional recommendations on these
119 topics unless there are specific issues related to neurological conditions:

- 120 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138

121 **NICE guidance in development that is closely related to this guideline**

122 NICE is currently developing the following guidance that is closely related to
123 this guideline:

- 124 • [Cerebral palsy: diagnosis and management](#). NICE guideline. Publication
125 expected January 2017. This guideline will cross-refer.
- 126 • [Dementia: assessment, management and support for people living with
127 dementia and their carers](#). NICE guideline. Publication expected
128 September 2017. This guideline will cross-refer.

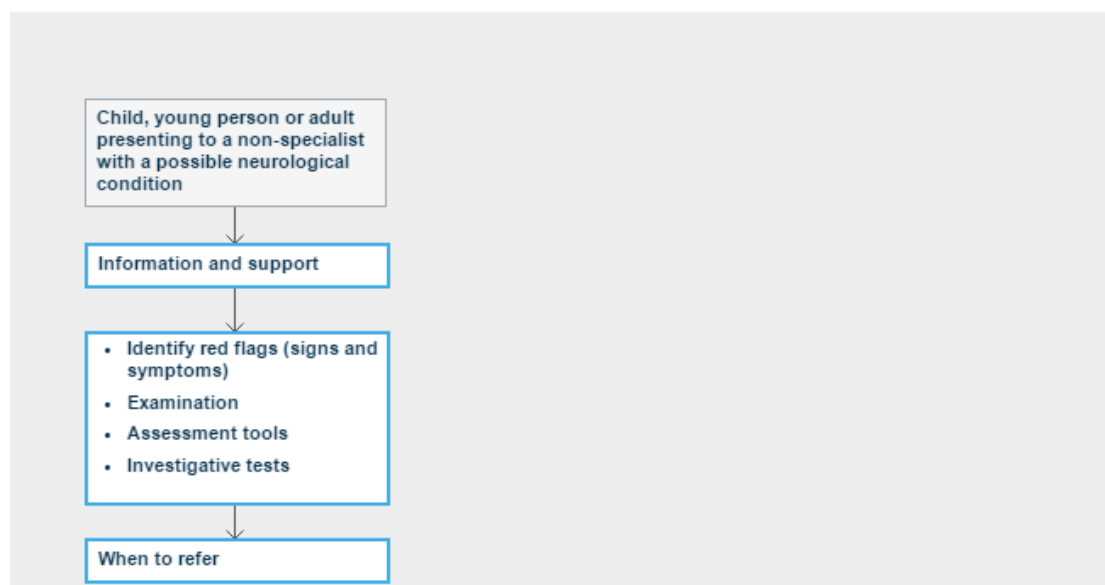
129 **2.2 NICE Pathways**

130 [NICE Pathways](#) bring together all related NICE guidance and associated
131 products on a topic in an interactive topic-based flow chart.

132 When this guideline is published, the recommendations will be incorporated
133 into the existing pathway on [neurological conditions](#).

134 An outline of the new pathway, based on the scope, is included below. It will
135 be adapted and more detail added as the recommendations are written during
136 guideline development.

Neurological conditions: recognition and referral overview



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139 **3 Context**

140 **3.1 Key facts and figures**

141 Neurological conditions account for about 1 in 10 GP consultations, around
 142 10% of emergency medical admissions (excluding stroke) and result in
 143 disability for 1 in 50 of the UK population. Onset, progression, prevalence and
 144 severity of neurological problems differs. Some neurological conditions are
 145 present at birth, while other problems begin during childhood or as adults.
 146 Some conditions can be recovered from completely, but others can cause
 147 rapid deterioration or have a slower, more sustained disease course. Some
 148 conditions are fairly common, such as migraine (which affects 1 in 5 women or
 149 1 in 15 men) and others are extremely rare such as Guillain–Barre syndrome
 150 (which affects about 1200 people in the UK per year). Most neurological
 151 disorders have an impact on quality of life, and some cause serious disability,
 152 having a substantial impact on the person and their family members and/or
 153 carers.

154 People often present with symptoms that are difficult to diagnose (functional
155 symptoms) and can make diagnosing neurological problems hard. People with
156 functional symptoms make up to one-fifth of new neurology outpatients.

157 **3.2 Current practice**

158 People with suspected neurological conditions often need referral to a
159 specialist to be diagnosed. However some of these referrals are unnecessary.
160 On the other hand, some people with uncommon neurological disorders are
161 initially misdiagnosed or have a delayed referral to a specialist. These
162 problems in referral come from a lack of support and knowledge among non-
163 specialists about neurological conditions. [The invisible patients: Revealing the
164 state of neurology services](#) report from the Neurological Alliance (January
165 2015) found that nearly one-third of people with a neurological condition had
166 to see their GP 5 or more times before being referred to a specialist.

167 People suspected of having neurological conditions may have additional
168 information needs because of the type of investigations that need to be done;
169 as well as being provided with information on the possibility of living with a
170 neurological condition.

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172 **3.3 Policy, legislation, regulation and commissioning**

173 **Legislation, regulation and guidance**

174 Legislation, regulation and guidance typically focus on diagnosis and/or
175 management of common neurological conditions, for example the Department
176 of Health's [National Service Framework for Long Term Conditions](#).

177 For uncommon neurological conditions there is guidance provided by many
178 specialist charitable bodies, but no overall guidance is available for these
179 conditions. This lack of support was highlighted by the National Audit Office in
180 the report on [Services for people with neurological conditions](#) (July 2015).

181 They made the recommendation that 'the Department [of Health] should
182 instruct NICE to develop a generic Quality Standard covering other
183 neurological conditions'.

184 **4 Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 4 December 2015 to 8 January 2016.

The guideline is expected to be published in January 2018.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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