



Department  
of Health

From the Rt Hon Jeremy Hunt MP  
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The Rt Hon George Howarth MP  
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Dear George,

Thank you for your letter of 27 September on behalf of a number of your constituents about stem cell transplants.

I appreciate your and your constituents' concerns.

The Anthony Nolan report *Recovery After Transplant: Who Cares?* raises the importance of coordinated pathways of care for blood and bone marrow transplant patients. We both welcome the report and recognise that where patients whose ongoing physical, emotional and practical needs post-transplant have not been managed well, there is a greater need for commissioners to ensure that action is taken to improve the coordination of post-transplant care.

NHS England's specialised commissioning responsibilities for blood and marrow transplantation (BMT) are set out in the *Manual for Prescribed Specialised Services*, the document that describes which elements of specialised services are commissioned by NHS England and which are commissioned by clinical commissioning groups (CCGs). NHS England's service specification sets out its requirements for equitable and consistent commissioning of specialised care, describing the elements of care in the pathway, including care beyond that paid for by specialised commissioning.

BMT is divided into distinct phases of treatment. NHS England is responsible for funding the transplant-related care that takes place 30 days before transplant and continues until 100 days after transplant, and includes critical care related to the transplant. The care needs of patients after transplant will often continue beyond 100 days, particularly for recipients of allogeneic transplants that involve the stem cells of another donor, which can increase the chance of complications. Under most

circumstances, commissioning responsibility will usually switch from NHS England to CCGs after transplant.

In the unfortunate event that transplant patients experience serious complications, it is highly likely that elements of this care will continue to be planned, organised and funded by NHS England's specialised commissioning team. For example, NHS England has already made a change to the commissioning arrangements for extracorporeal photopheresis (ECP), which is a treatment for acute and chronic graft versus host disease (GvHD) following transplantation.

NHS England now commissions all ECP, which helps with continuity of care and equity of access across England for patients with GvHD after transplant. The policy for treatment of GvHD and the BMT service specification for these services are currently being updated to reflect the change.

NHS England is aware from patient feedback that the impact of cancer does not always end when treatment does, with many experiencing ongoing physical, financial, social and psychological issues. That is why it is rolling out the Recovery Package, which will ensure that cancer patients have more personal care and support from the point they are diagnosed, and once treatment ends. For a patient, this means working with their care team to develop a comprehensive plan, outlining not only their physical needs, but also other support they may need, such as help at home or financial advice.

The holistic assessment and care planning principles that underpin the Recovery Package interventions are being applied locally to a wide range of other health conditions. By 2020, NHS England wants all cancer patients in England to have access to the Recovery Package, and it is committed to implementing this in collaboration with charities, professionals and patients.

Ensuring pathways of care work for patients is a key role for transplant providers. The Joint Accreditation Committee-ISCT and EBMT standards for BMT include requirements for the assessment of late effects, and providers need to demonstrate that they are able to meet these standards in order to be accredited.

NHS England's specialised commissioning team and clinical reference group (CRG) for BMT remain committed to working with Anthony Nolan on this and related areas, and the CRG is undertaking work on the provision of care after 100 days. NHS England will support the messages of the report by ensuring sustainability and transformation partnership areas and cancer alliances are aware of the report and its recommendations.



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While there are no plans to review the responsibilities of services commissioned by NHS England and CCGs for BMT at this time, NHS England will be assessing BMT in more detail over the next 18 months and will take this opportunity to further support improved care planning.

I hope this reply is helpful.

A handwritten signature in blue ink, appearing to read 'J Hunt'.

**JEREMY HUNT**