



Department
of Health

From the Rt Hon Jeremy Hunt MP
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The Rt Hon George Howarth MP
By email to: george.howarth.mp@parliament.uk

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Dear George,

Thank you for your email of 29 September on behalf of a number of your constituents about the provision of stem cell transplantation for patients with Waldenström's macroglobulinaemia (WM).

I appreciate your constituents' concerns, and the strength of feeling about this matter.

NHS England has never routinely funded stem cell transplants for patients with WM but continues to fund this treatment on a case-by-case basis. It published the criteria used for routine clinical commissioning of stem cell transplants in 2013. This commissioning policy for stem transplants reflects the professional consensus on the benefit and risk of a transplant for different conditions that was available when the policy was formulated. In the UK this guidance came from the British Society for Blood and Bone Marrow Transplantation (BSBMT) in the form of best-practice guides for treatment of adults (2012) and children (2011).

Guidance from the BSBMT is regularly updated to take account of developments in clinical practice. WM was only added to the guidance in September 2013 and therefore NHS England did not include this condition as part of the overall clinical commissioning policy. This explains why NHS England does not routinely commission stem cell treatments for WM patients.

Over the last few years some patients have received a stem cell transplant to treat WM. In these cases funding may have involved an individual funding request, a research study or have been directly funded by an NHS trust.

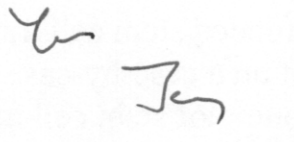
Each year, NHS England receives proposals for new drugs, medical devices or interventions for use by specialised services in England. It has to make difficult operational decisions on behalf of tax-payers about how to prioritise the funding that is available for new investments and needs to ensure it focuses resources on those

interventions which deliver the best results for patients, taking into account the evidence for clinical benefit and cost.

Proposals are reviewed by the Clinical Priorities Advisory Group (CPAG), which follows a published procedure. A proposal to routinely commission transplants for patients with WM will be considered by CPAG later this year, and NHS trusts will be informed of the outcome. Until then, clinicians can continue to apply for funding for stem cell transplants for patients with WM, where it can be demonstrated that a transplant is the most appropriate treatment option.

The Department is clear that all decisions on treatment should be based on a patient's individual clinical needs and in line with National Institute for Health and Care Excellence (NICE) guidelines. NHS England has oversight of the whole commissioning system and expects all those involved in commissioning services to be fully aware of the importance of NICE guidelines, although these are not mandatory.

I am sorry I cannot be more helpful.



JEREMY HUNT