



Department  
of Health

From the Lord Prior of Brampton  
Parliamentary Under Secretary of State for Health (Lords)

Richmond House  
79 Whitehall  
London  
SW1A 2NS

PO-1043808

020 7210 4850

The Rt Hon George Howarth MP  
By email to: [george.howarth.mp@parliament.uk](mailto:george.howarth.mp@parliament.uk)

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Dear Mr Howarth,

Thank you for your correspondence of 26 July to Jeremy Hunt on behalf of your constituent about the commissioning of second allogeneic haematopoietic stem cell transplant for relapsed disease.

I appreciate concerns and the strength of feeling about this matter.

Each year, a significant number of proposals are put to NHS England for investment in new drugs, medical devices or interventions for use by specialised services in England. NHS England has to make difficult decisions on behalf of taxpayers about how to prioritise the funding that is available for those new investments. In considering the policies placed before it, NHS England's Clinical Priorities Advisory Group (CPAG) follows the published procedure, which was subject to recent public consultation. The procedure is available on NHS England's website, [www.england.nhs.uk](http://www.england.nhs.uk), by searching for 'developing a method to assist investment decisions in specialised commissioning: next steps'.

As specialised commissioning is an operational matter for NHS England, it has been managing the clinical prioritisation process. As part of this, it is assessing the costs and benefits of second transplant for relapsed disease against a number of other treatments being considered for prioritisation this year.

On 11 July, NHS England set out its provisional investment decisions for specialised services. These decisions are provisional and subject to the outcome of a judicial review on whether NHS England has the power to commission the use of anti-retroviral drugs for the prevention of HIV (PrEP).

Following the judgment in the PrEP case, on 2 August NHS England announced that it would be re-running the prioritisation process, subject to the outcome of an appeal.



However, before this there will be a further opportunity for manufacturers to offer better prices.

However, the pricing of blood and bone marrow transplants is more complex. NHS England will therefore be liaising with the providers of these procedures as well as the Chair of the Blood and Marrow Transplantation Clinical Reference Group in preparation for the CPAG meeting later in the year.

The re-run of the prioritisation process is expected to take place at the end of October, with the final decisions being made in November. Until then, clinicians, on behalf of their patients, can continue to apply for funding for second transplant for relapsed disease where there is clinically exceptional or critical need.

I hope this reply is helpful.

*Yours sincerely,*

*David Prior*

**DAVID PRIOR**

Approved by the Minister and signed  
in his absence