

## DEBATE PACK

Number CDP-2018-0013, 16 January 2018

# Blood cancer care in the NHS

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## Summary

This House of Commons Library debate pack briefing has been prepared in advance of the debate entitled “Blood cancer care in the NHS”. This debate will be led by Henry Smith MP and will take place in Westminster Hall at 2.30pm on Wednesday 17<sup>th</sup> January 2017. This debate pack contains background information, parliamentary material, press articles and notices, and further reading suggestions which Members may find useful when preparing for this debate.

The term “blood cancer” covers a number of cancers that affect the blood, bone marrow and lymphatic system, including lymphoma (Hodgkin and non-Hodgkin), leukaemia and myeloma. Approximately 31,000 cases of blood cancer were diagnosed in the UK in 2015. This makes blood cancer the fifth most common cancer type. Chemotherapy, radiotherapy and stem cell and bone marrow transplants are commissioned nationally by NHS England, due to the specialised nature of the treatments and high costs. Local Clinical Commissioning Groups (CCGs) commission all other services for adult blood cancer patients. All treatment and care for children and young people with blood cancer is commissioned nationally by NHS England.

In February 2017 it was announced by NHS England that new funding meant that second stem cell transplants were able to be routinely commissioned on the NHS as of April 2017. There is a debate currently about the transference of responsibility for commissioning post-transplant care, from NHS England and CCGs, after 100 days, leading, it is claimed to gaps in the care provided. NHS England hopes that all cancer patients will have access to a four-stage Recovery Package by 2020.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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# 1. Blood Cancers

The term “blood cancer” covers a number of cancers that affect the blood, bone marrow and lymphatic system, including lymphoma (Hodgkin and non-Hodgkin), leukaemia and myeloma.<sup>1</sup>

Approximately 31,000 cases of blood cancer were diagnosed in the UK in 2015. This makes blood cancer the fifth most common cancer type. The following table shows a breakdown by type of cancer and country.

CANCER REGISTRATIONS IN THE UK, 2015: MALIGNANT BLOOD CANCERS				
Cancer site	England	Scotland	Wales	N. Ireland*
Leukaemia	8,440	604	624	123
Hodgkin's Lymphoma	1,782	147	119	33
Non-Hodgkin's Lymphoma	11,690	981	639	183
Multiple myeloma and malignant plasma cell neoplasms	4,632	473	288	75
Malignant immunoproliferative diseases	269	104	No data	No data

\* Northern Ireland figures show the average annual number of cases between 2011 and 2015

Sources: [ONS, Cancer Registrations](#); [QUB, Northern Ireland Cancer Registry](#); [ISD Scotland, Cancer Statistics](#); [Wales Cancer Intelligence and Surveillance Unit](#)

The table below shows survival rates for Hodgkin's Lymphoma, Myeloma and Leukaemia. The data is published by [Cancer Research UK](#) and sourced from a [Lancet study](#).

AGE-STANDARDISED SURVIVAL FOR BLOOD CANCERS, ENGLAND AND WALES, 2010-11			
Cancer Site	1-year	5-year	10-year
Hodgkin's Lymphoma	91%	85%	80%
Non-Hodgkin's Lymphoma	80%	69%	63%
Myeloma	77%	47%	33%
Leukaemia	69%	52%	46%

Charities such as Bloodwise and Leukaemia Care have argued that low awareness of blood cancers and their symptoms amongst the public can impact on the speed of diagnosis. Bloodwise's 2015 [Patient Need Report](#) stated that:

The non-specific nature of many blood cancer symptoms, such as night sweats, flu-like symptoms, tiredness, pain, itching and their similarities with other benign conditions, and the relative rarity of individual diseases make diagnosing blood cancer and awareness of them a challenge for patients and GPs. For many patients their

<sup>1</sup> A more detailed list of blood cancer types can be found in C81-C96 of the World Health Organisation's [International Statistical Classification of Diseases and Related Health Problems](#): 'Malignant neoplasms, stated or presumed to be primary, of lymphoid, haematopoietic and related tissue'.

condition is picked up by chance, or in the process of testing for other conditions.<sup>2</sup>

In 2015 Leukaemia Care, alongside the Royal College of General Practitioners, launched an [online training course for GPs](#) to improve awareness of blood cancer symptoms.<sup>3</sup>

## 2. NHS treatment and care

Chemotherapy, radiotherapy and stem cell and bone marrow transplants are commissioned nationally by NHS England, due to the specialised nature of the treatments and high costs. Local Clinical Commissioning Groups (CCGs) commission all other services for adult blood cancer patients. All treatment and care for children and young people with blood cancer is commissioned nationally by NHS England.<sup>4</sup>

The National Institute for Health and Care Excellence (NICE) quality standard, [Haematological cancers](#), sets out standards of care for patients. This includes the provision of a single, integrated report summarising all laboratory diagnostics for a patient, in order to avoid duplications or contradictions when investigations are carried out in separate laboratories.<sup>5</sup>

### 2.1 Access to drugs and treatments

Under the [NHS Constitution](#), patients have the right to drugs and treatments that have been recommended by NICE for use in the NHS, where clinically appropriate. NICE's technology appraisals on treatments can be found on its [Blood and bone marrow cancers](#) page.

As well as recommending treatments for routine commissioning, NICE can also recommend treatment for use within the Cancer Drugs Fund (CDF). This is where there is plausible potential for routine commissioning, but there remains some clinical uncertainty. Patients can access CDF treatments for a fixed period of time, during which additional data is collected on clinical effectiveness, before NICE then reappraises the treatment. The current [CDF list](#) contains a number of treatments for blood cancers.

More information on cancer commissioning can be found in the Commons Library briefing, [NHS Commissioning of Specialised Services](#), including commissioning of services in Scotland, Wales and Northern Ireland.

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<sup>2</sup> Bloodwise, [Patients Need Report](#), April 2015, p18

<sup>3</sup> 'Hundreds of blood cancer patients die each year due to wrong diagnosis by doctors', *The Mirror*, 31 August 2015

<sup>4</sup> NHS England, [Manual for Prescribed Specialised Services 2017/18](#), September 2017, p234-40

<sup>5</sup> NICE, [Quality Standard 150: Haematological cancers](#), June 2017

## Stem cell transplants

Decisions on treatments not under consideration by NICE are made by NHS England, with new treatments considered on an annual basis dependent on the budget for new treatments.

In July 2016, NHS England announced the treatments it would be routinely commissioning following its 2016/17 process, which included stem cell transplants for patients with Lymphoplasmacytic Lymphoma (Waldenström's Macroglobulinaemia).<sup>6</sup> However, it was also announced that second stem cell transplants following relapses, for conditions including a number of blood cancers, would not be routinely commissioned following NHS England's cost-benefit analysis.

The decision on second stem cell transplants proved controversial. In response, a campaign to reconsider the decision was launched by the blood cancer charity Anthony Nolan. They delivered an open letter, written by health professionals and signed by 18,000 people, to the Secretary of State for Health.<sup>7</sup> The letter criticised that fact that the treatment would not be reassessed until 2017/18, arguing that "another year without a resolution is unacceptable and will only mean that even more lives are lost."<sup>8</sup>

In February 2017 it was announced that new funding meant that three treatments previously rejected by the 2016/17 annual prioritisation process, including second stem cell transplants, were able to be routinely commissioned from April 2017.<sup>9</sup>

## 2.2 Post-transplant care

NHS England is responsible for commissioning treatment for 30 days prior to a stem cell or bone marrow transplant, and up to 100 days afterwards, following which care becomes the responsibility of the local CCG.<sup>10</sup>

Anthony Nolan's September 2017 report on post-transplant services, [Who Cares?](#), raised particular concerns about this transition at 100 days:

As we highlighted in our Destination: Cure report, there is evidence that this 100 day cut-off leads to gaps in the post-transplant services that hospitals are able to provide. Alongside our patient survey we also approached the groups who are responsible for paying for post-transplant services in England, known as 'Clinical Commissioning Groups' (CCGs). 'Commissioning' is the process of planning and funding services within the NHS.

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<sup>6</sup> ['NHS England announces provisional investment decisions for specialised services'](#), NHS England press release, 11 July 2016

<sup>7</sup> Anthony Nolan, [Ask your MP to support funding for second stem cell transplants](#), last accessed 18 May 2017

<sup>8</sup> Anthony Nolan, [Our letter following NHS England announcement on funding for second transplants](#), 14 July 2016

<sup>9</sup> ['Patients with rare conditions to benefit from new treatments'](#), NHS England press release, 24 February 2017

<sup>10</sup> NHS England, [Manual for Prescribed Specialised Services 2017/18](#), September 2017, p79-80

A Freedom of Information request that we submitted to every CCG in England suggests that only 1 in 10 clinical commissioning groups has specific arrangements in place to provide services that help stem cell transplant patients recover from their treatment.

Worryingly, more than a third (36%) of CCGs responding to our request incorrectly suggested that NHS England was responsible for funding and planning the services available to patients after the 100 day cut-off. Over half (54%) of CCGs acknowledged their responsibility for commissioning services after 100 days, but indicated that they had no specific arrangements in place.<sup>11</sup>

In response to an [October 2017 PQ](#), Health Minister Jackie Doyle-Price set out the Government's policy on providing post-transplant care:

The impact of cancer continues beyond the initial treatment. Patients may experience physical, financial, social and psychological issues. NHS England's work in supporting the roll out of the Recovery Package for cancer patients, including those who received blood and marrow transplants, helps ensure patients have more personal care and support from the point they are diagnosed and once treatment ends.

For patients 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. By 2020 NHS England wants all cancer patients to have access to the Recovery Package and is committed to implementing this in collaboration with charities, professionals and patients themselves.<sup>12</sup>

The Recovery Package is a four-stage set of interventions:

- **Holistic Needs Assessment and care planning**  
This looks at the patient's physical, emotional and social needs, and according to the NHS England guidance, should take place around diagnosis, at the end of treatment and whenever the patient's need changes.
- **Treatment summary**  
This is developed by a secondary cancer care professional at the end of primary treatment, and sent to the patient's GP and other primary care professionals. It includes information on any actions the GP needs to take and who to contact with any questions or concerns. The patient should also receive a copy.
- **Health and wellbeing events**  
According to the guidance, every individual with cancer should be offered the opportunity to attend an event at the end of treatment. It should include advice on adjusting to life after treatment, financial and benefits advice, information about complementary therapies and work support and vocational rehabilitation.
- **Cancer care review**  
A GP or practice nurse completes this (informed by the treatment summary) within six months of a diagnosis, covering subjects including post-treatment support, financial impact of cancer and possible late effects of cancer and cancer treatment.<sup>13</sup>

<sup>11</sup> Anthony Nolan, [Recovery After Transplant: Who Cares?](#), September 2017, p26

<sup>12</sup> PQ 108782 [[Transplant Surgery: Stem Cells](#)], 27 October 2017

<sup>13</sup> NHS England, [Implementing the Cancer Taskforce Recommendations: Commissioning Person Centred Care for People Affected by Cancer](#), April 2016

## 3. Parliamentary material

### 3.1 Written Parliamentary Questions

- [Leukaemia: Drugs](#)

**Asked by:** Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health, when the ATIR treatment for people with leukaemia will be available on the NHS.

**Answering member:** Steve Brine | **Party:** Conservative Party |

**Department:** Department of Health

The National Institute for Health and Care Excellence (NICE) has been asked to develop technology appraisal guidance on the use of ATIR101 to support haematopoietic stem cell transplantation using partially mismatched (haploidentical) family members as donors, for the treatment of some blood cancers. NICE's appraisal is being scheduled in line with a clinical trial that is expected to complete in 2020.

11 Dec 2017 | Written questions | Answered | House of Commons | 117032

**Date tabled:** 01 Dec 2017 | **Date for answer:** 05 Dec 2017 | **Date answered:** 11 Dec 2017

- [Transplant Surgery: Stem Cells](#)

**Asked by:** McCabe, Steve | **Party:** Labour Party

To ask the Secretary of State for Health, what assessment he has made of the availability of NHS post-stem cell transplant services for blood cancer patients.

**Answering member:** Jackie Doyle-Price | **Party:** Conservative Party |

**Department:** Department of Health

Blood and marrow transplantation is divided into distinct phases of treatment. NHS England is responsible for funding the transplant related care which takes place 30 days before transplant and continues until 100 days post-transplant and includes critical care related to the transplant episode.

The care needs of patients post-transplant will often continue beyond 100 days, particularly for recipients of allogenic transplants which 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 the clinical commissioning groups as outlined in the Manual for Prescribed Specialised Services.

The impact of cancer continues beyond the initial treatment. Patients may experience physical, financial, social and psychological issues. NHS England's work in supporting the roll out of the Recovery Package for cancer patients, including those who received blood and marrow

transplants, helps ensure patients have more personal care and support from the point they are diagnosed and once treatment ends.

For patients 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. By 2020 NHS England wants all cancer patients to have access to the Recovery Package and is committed to implementing this in collaboration with charities, professionals and patients themselves.

27 Oct 2017 | Written questions | Answered | House of Commons | 108782

**Date tabled:** 19 Oct 2017 | **Date for answer:** 23 Oct 2017 | **Date answered:** 27 Oct 2017

- [Haematological Cancer](#)

**Asked by:** Maskell, Rachael | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what discussions he has had with the National Institute for Health and Care Excellence on ensuring that alpha pegylated interferon is made available to patients with myeloproliferative neoplasms.

**Answering member:** Nicola Blackwood | **Party:** Conservative Party | **Department:** Department of Health

The Department has held no such discussions.

The National Institute for Health and Care Excellence (NICE) has not been asked to develop guidance for the National Health Service on the use of alpha pegylated interferon for the treatment of myeloproliferative neoplasms.

In the absence of guidance from NICE, it is for National Health Service commissioners to make funding decisions on individual treatments based on an assessment of the available evidence.

14 Mar 2017 | Written questions | Answered | House of Commons | 66650

**Date tabled:** 06 Mar 2017 | **Date for answer:** 08 Mar 2017 | **Date answered:** 14 Mar 2017

- [Haematological Cancer](#)

**Asked by:** Smith, Henry | **Party:** Conservative Party

To ask the Secretary of State for Health, what assessment he has made of the implications for his policies of the findings of the National Cancer Patient Experience Survey 2015 on the proportion of blood cancer patients who visited their GP more than twice before being referred to secondary care for diagnosis; and what support and guidance his Department has provided to GPs to enable them to identify the symptoms of blood cancer.



**Answering member:** Jane Ellison | **Party:** Conservative Party |  
**Department:** Department of Health

It is important that people with cancer have the best possible experience throughout their cancer pathway and are treated with dignity and respect.

The independent Cancer Taskforce published its report *Achieving World-Class Cancer Outcomes – A Strategy for England 2015-2020* in July 2015, and identified a key priority of establishing patient experience as being on a par with clinical effectiveness and safety. In May 2016 the National Cancer Transformation Board published *Achieving World-Class Cancer Outcomes: Taking the Strategy Forward* outlining the detailed steps being taken to make this a reality.

In September 2015, the Government announced that by 2020, the 280,000 people diagnosed with cancer every year will benefit from a tailored recovery package. The packages will be individually designed to help each person, including those with blood cancer, live well beyond cancer. In April 2016 NHS England published guidance for commissioners on commissioning and implementing the recovery package effectively.

In order to continue to support general practitioners (GPs) to identify patients whose symptoms may indicate cancer and urgently refer them as appropriate, the National Institute for Health and Care Excellence (NICE) published an updated suspected cancer referral guideline in June 2015. The guideline includes new recommendations for haematological cancers. NICE noted that more lives could be saved each year in England if GPs followed the new guideline, which encourages GPs to think of cancer sooner and lower the referral threshold. Following publication of the updated guideline, the Royal College of GPs (RCGP) has worked in collaboration with Cancer Research UK (CRUK) on a programme of regional update events for GPs to promote the new guideline. RCGP and CRUK have also worked to develop three summary referral guidelines for GPs to enable them to adopt the guideline. These are available at:

[www.cancerresearchuk.org/health-professional/learning-and-development-tools/nice-cancer-referral-guidelines](http://www.cancerresearchuk.org/health-professional/learning-and-development-tools/nice-cancer-referral-guidelines)

05 Jul 2016 | Written questions | Answered | House of Commons | 41284

**Date tabled:** 27 Jun 2016 | **Date for answer:** 29 Jun 2016 | **Date answered:** 05 Jul 2016

- [Cancer: Health Education](#)

**Asked by:** Smith, Henry | **Party:** Conservative Party

To ask the Secretary of State for Health, what steps his Department is taking to raise public awareness of blood cancer and other cancers for which symptoms can be non-specific and have similarities to other benign conditions.



**Answering member:** Jane Ellison | **Party:** Conservative Party |  
**Department:** Department of Health

Public Health England's (PHE) Be Clear on Cancer campaigns are designed to raise the public's awareness of specific cancer symptoms, encourage people with those symptoms to go to the doctor and diagnose cancer at an earlier stage. These campaigns are delivered by PHE in partnership with the Department and NHS England.

The decision on which cancers should be the focus of 'Be Clear on Cancer' campaigns is informed by a steering group, whose members include primary and secondary care clinicians, and key voluntary sector organisations.

A number of factors are taken into account when deciding which campaigns to develop and run, with one of the main criteria being the scope to save lives through earlier diagnosis and whether the cancer has a clear early sign or symptom that the general public can act upon should it arise. There are a number of cancers, including those for which symptoms can be non-specific, which are not covered by 'Be Clear on Cancer' specifically.

05 Jul 2016 | Written questions | Answered | House of Commons | 41283

**Date tabled:** 27 Jun 2016 | **Date for answer:** 29 Jun 2016 | **Date answered:** 05 Jul 2016

- [Haematological Cancer](#)

**Asked by:** Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health, what steps he is taking to ensure that the post-treatment recovery package is adapted to meet the specific needs of blood cancer patients.

**Answering member:** Jane Ellison | **Party:** Conservative Party |  
**Department:** Department of Health

The independent Cancer Taskforce published its report, *Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020*, in July 2015, and recognised the need to improve care and support for people living with and beyond all types of cancer, including blood cancers. In September 2015, we announced that by 2020, the 280,000 people diagnosed with cancer every year will benefit from a tailored recovery package. The packages will be individually designed to help each person, including those with blood cancer, live well beyond cancer. In April 2016, we also published guidance for commissioners on commissioning and implementing the recovery package effectively. Support for patients living with and beyond cancer should be tailored specifically to the needs of every patient.

In addition the strategy called for every person with cancer to have access to a clinical nurse specialist or other key worker from diagnosis onwards. NHS England is currently working with partners across the

health system to determine how best to take forward the recommendations of the Cancer Taskforce, and has appointed Cally Palmer CBE as National Cancer Director. A National Cancer Transformation Board is overseeing the implementation of the strategy, and an implementation plan will be published shortly. An independent Cancer Advisory Group, chaired by Sir Harpal Kumar, the Chief Executive of Cancer Research UK and Chair of the independent Cancer Taskforce, is advising and scrutinising the work of the Transformation Board.

28 Apr 2016 | Written questions | Answered | House of Commons | 34821

**Date tabled:** 20 Apr 2016 | **Date for answer:** 25 Apr 2016 | **Date answered:** 28 Apr 2016

- [Stem Cells: Transplant Surgery](#)

**Asked by:** Siddiq, Tulip | **Party:** Labour Party

To ask the Secretary of State for Health, how much public funding has been allocated in each year since 2003-04 to improve post-transplant outcomes for people with blood cancer or blood disorders after they receive a successful stem cell donation.

**Answering member:** Jane Ellison | **Party:** Conservative Party | **Department:** Department of Health

NHS England commissions stem cell transplant activity for adults and children from 46 providers and have provided the following information on funding.

Total funding for stem cell transplantation was £163 million in 2013/14 and £170 million in 2014/15. Services are commissioned within this budget based on need rather than as individual services. Stem cell transplantation is subject to local pricing and so it is not possible to provide information about funding by provider as this is commercially sensitive.

NHS England is responsible for commissioning specialised care involving adult bone marrow transplantation that includes care up to 100 days after transplant. The costs of care up to 100 days post-transplant are included within the overall budget for stem cell transplantation. NHS England does not hold data on the funding of care beyond this 100 day period.

The Department does not hold information on funding provided for these services before the creation of NHS England in 2013.

The Joint Accreditation Committee for the International Society for Cellular Therapy and the European Society for Blood and Marrow Transplantation (JACIE) is an independent organisation and the Department does not hold data related to JACIE compliance.

08 Mar 2016 | Written questions | Answered | House of Commons | 28968

**Date tabled:** 29 Feb 2016 | **Date for answer:** 02 Mar 2016 | **Date answered:** 08 Mar 2016

- [Myeloma: Medical Treatments](#)

**Asked by:** Tami, Mark | **Party:** Labour Party

To ask the Secretary of State for Health, what steps he is taking to ensure that patients with multiple myeloma receive treatment at the highest standard of care comparable to other similar nations.

**Answering member:** Jane Ellison | **Party:** Conservative Party | **Department:** Department of Health

Ensuring that the National Health Service is able to support the availability and use of effective treatments and medicines for rare cancers, including multiple myeloma, is a key priority.

Cancer 52, an organisation which specifically represents patients with rarer cancers, was represented on the independent Cancer Taskforce. In July 2015, the Taskforce published its report, *Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020*. It made many recommendations relevant to rarer and blood cancers, focussing in particular on improving access to diagnostic testing, including fast, direct general practitioner access to key blood tests, and increasing patient access to the most advanced treatments.

NHS England has well established structures and processes which ensure that the best possible treatments are commissioned across England for cancer, including both blood and rare cancers. NHS England obtains clinical advice about current and new treatments and clinical guidelines predominantly through clinical reference groups.

The National Institute for Health and Care Excellence is developing guidelines for the treatment of multiple myeloma and these are currently subject to public consultation.

In addition, a multiple myeloma algorithm is in development, which will help clinicians and patients to prescribe the appropriate chemotherapy care at the optimum point of the care pathway.

12 Jan 2016 | Written questions | Answered | House of Commons | 20748

**Date tabled:** 04 Jan 2016 | **Date for answer:** 06 Jan 2016 | **Date answered:** 12 Jan 2016

### 3.2 Parliamentary Debates

- [Stem Cell Transplants](#) (HC Deb 24 January 2017, cc261-271)
- [Cancer Strategy](#) (HC Deb 8 December 2016)

## 4. Press articles

[Birmingham blood cancer centre opens after £3.4m revamp](#)

**BBC News, 8 January 2018**

[Patients in Scotland first to get new blood cancer drug daratumumab on NHS](#)

**The Herald, 9 October 2017**

[Report on the approval of the drug daratumumab by the Scottish Medicine Consortium to treat patients with myeloma on the NHS]

[Life-extending lung cancer nivolumab drug approved](#)

**BBC News, 20 September 2017**

[Nick Clegg and wife say telling son he had blood cancer was 'toughest thing'](#)

**The Guardian, 13 September 2017**

[Cardiff University study develops new blood cancer test](#)

**BBC News, 9 May 2017**

[Cancer charity welcomes NHS u-turn on second stem cell treatments](#)

**The Guardian, 20 February 2017**

[Report the NHS England could return to funding “a further expansion of new treatments including second stem cell replacements”.]

[Can the NHS really not afford second transplants for cancer patients like me?](#)

**The Guardian, 28 July 2016**

[An opinion piece from a journalist who received a stem cell transplant after being diagnosed with acute lymphoblastic leukaemia. This piece was published following NHS England’s announcement that it would no longer routinely fund second stem cell transplants for patients who had relapsed more than a year after their first transplant.]

## 5. Press notices

[NICE to reassess Pfizer blood cancer drug](#)

**Pharmaphorum, 15 January 2018**

[A report that NICE will re-assess the blood cancer drug Besponsa after Pfiza appealed successfully an original decision in August which rejected regular NHS funding.]

[You can give a family the ultimate Christmas gift](#)

**Nursing Notes, 25 December 2017**

[Information on how to be a blood donor, organ donor, or a stem cell donor]

[Lymphoma – what’s that?](#)

**Open Access Government, 20 December 2018**

[A contribution from the Lymphoma Association on the number of people with lymphoma in the UK and how, in their opinion, treatment and diagnosis can be improved.]

[Majority of leukaemia patients lack access to specialist nurse](#)

**Nursing Times, 6 December 2017**

[Hundreds of cancer nurses set to benefit from new online CPD tool, says charity](#)

**Nursing Times, 21 September 2017**

[Report on a claim by the blood cancer research charity, Bloodwise, that nurses can access a free online learning course that has the “potential to improve patient care”]

[Nick Clegg and Miriam Gonzalez Durantez speak of ‘superb’ care their son received at UCLH for treatment of blood cancer](#)

**University College London Hospitals, 13 September 2017**

[Vitamin C injections could play a role in treating blood cancers](#)

**NHS Choices, 21 August 2017**

[NICE approves more tolerable treatment for blood cancer](#)

**NICE, 19 July 2017**

[Press notice from NICE explaining its approval of Carfilzomib, also called Kyprolis for patients with multiple myeloma]

[NICE approval for nivolumab provides new treatment for advanced blood cancer](#)

**NICE, 26 July 2017**

[Press notice from NICE explaining its approval of nivolumab for people with classical Hodgkin lymphoma]

## 6. Further reading

- Bloodwise, [Childhood blood cancer: the quest for a kinder cure](#), September 2017
- Anthony Nolan, [Recovery After Transplant: Who Cares?](#), September 2017
- Independent Cancer Taskforce, [Achieving World-Class Cancer Outcomes: Strategy for England 2015-2020](#), July 2015 2017
- NHS England, [Achieving World-Class Cancer Outcomes: Taking the Strategy Forward](#), May 2016
- NHS England, [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – Progress Report 2016-17](#), October 2017
- Bloodwise, [Patients Need Report](#), April 2015



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