

NHSE Specialised Commissioning response to call for evidence

1. What is the role of NHS England in commissioning national stem cell services and who do they contract with and how is success measured.

Hematopoietic Stem Cell Transplantation (HSCT) for adults and children is a prescribed specialised service that is the accountability of NHS England (NHSE). Donor stem cells are part of the pathway, and the responsibility of providers. NHSE does not directly commission stem cell services. The provision of donor stem cells forms part of the (HSCT) care pathway, and providers take local approaches in sourcing the most suitable stem cell donations.

Since April 2025, Integrated Care Boards (ICBs) are the responsible commissioners of the HSCT service with NHSE remaining the accountable commissioner. NHSE nevertheless continue to:

- set consistent national standards, services specifications and clinical commissioning policies (for drugs and treatments);
- develop metrics and quality dashboards to support improvement, oversight and assurance of service delivery;
- provide national clinical leadership, expert advice and support to ICBs through the BMT CRG.

The future commissioning arrangements are under review as part of the integration of NHSE into DHSC.

ICBs, as responsible commissioners for the service, hold contracts with commissioned HSCT service providers, which include the minimum required standards (i.e. the service specification) that the service is expected to meet.

Quality of care is measured through the Specialised Services Quality Dashboards (SSQD), which are designed to provide assurance by collecting information about outcomes from providers, or relevant databases/ registries.

The metrics which relate to HSCT providers can be found here:

<https://www.england.nhs.uk/publication/specialised-services-quality-dashboards-metrics-metadata/> . The Blood and Marrow Transplantation (BMT) Clinical Reference Group (CRG) also undertakes an annual quality review of services, utilising the individual centre reports which are produced by the British Society for Blood and Marrow Transplantation and Cellular Therapies (BSBMTCT) and shared with NHSE. Any feedback from the CRG is shared with NHSE regional commissioning teams, to feed into discussions with providers. Concerns

regarding service provision and quality of care can be addressed through commissioner and provider contracting discussions.

2. What are the future plans for commissioning stem cell services?

The future arrangements for specialised commissioning are under review as part of the integration of NHSE into DHSC. The statutory duties of NHSE are expected to be amended and transferred so that legislation appropriates commissioning responsibilities and accountabilities to relevant organisation(s) in what will be a new operating environment. This work is currently live as part of the 'transformation programme' being run by the interim joint DHSC-NHSE executive.

The delegation of commissioning responsibility for specialised services to ICBs supports NHS leaders to integrate clinical pathways to improve healthcare outcomes and patient experience. Removing commissioning and budgetary barriers is a key enabler of integration and this is believed have a positive impact on services and patient outcomes, specifically by aligning responsibilities across the whole pathway going forwards.

3. How is the long term sustainability and resilience of a nationally commissioned service taken into account?

NHSE specialised commissioning teams, both at the regional and national level, work with providers and clinical leadership to maintain service stability. There are approximately 42 Clinical Reference Groups that set and oversee national 'service specifications' and 'commissioning policies', which all providers around the country must comply with.

NHSE has Quality Surveillance Teams embedded regionally and locally to support commissioners with continued service compliance and provider eligibility. Where there is non-compliance, NHSE commissioning teams will work with providers to agree actions and mitigations.

Where operational challenges are reported, for example workforce (i.e. concerns over retaining / recruiting enough specialists for a particular service), physical estate (i.e. necessary services not co-located on single site), clinical practice (i.e. managing quality and patient safety concerns), commissioners may work with providers and clinical leaders to prevent / mitigate against these.

Some of these challenges are complex and difficult to overcome, and may require a combination of local, regional and national actions. Commissioners will consider all options to develop appropriate solutions (e.g. workforce

planning and training, stress-testing, diversifying models of care, strengthening networked models, exploring economies of scale and single-provider commissioning, adoption of digital technologies, etc)

The recently announced abolition of NHSE by the Secretary of State will mean that the statutory duties of NHSE will need to be amended and transferred so that legislation appropriates commissioning responsibilities and accountabilities to relevant organisation(s) in what will be a new operating environment. This work is currently live as part of the 'transformation programme' being run by the interim joint DHSC-NHSE executive.

4. Are there national standards for sustainability and resilience of supply that includes blood, stem cells and organs?

NHS England does not set any national standards for sustainability and resilience of supply for blood, stem cells and organs.

NHSE has a national process for managing short-term supply issues. For example, NHSE/NHSBT put in place specific actions in 2022 in response to an amber alert regarding issues with type O blood stock shortages.

5. If there are guidelines/standards on resilience and sustainability, how do they compare to Advanced Medicinal Therapeutic Products and other novel cancer treatment. Is UK sourcing a priority for these treatments?

There are no NHS England standards or guidelines on resilience or sustainability of starting materials for Advanced Therapy Medicinal Products (ATMPs).

For ATMPs, these are produced in two ways:

1. either the starting materials are taken directly from the person (via apheresis) who would receive the subsequent treatment, or
2. the product's manufacturer is responsible for sourcing the starting materials.