



November 2021

Dear Constituent,

Thank you for contacting me about multiple sclerosis (MS).

I appreciate how challenging this condition can be to live with. With more than 100,000 people across the UK diagnosed with MS, please let me assure you that helping those suffering from this condition to lead as normal lives as possible, remains a key commitment of the NHS.

Diagnosis in the early stages of MS can be difficult, with some of the symptoms often similar to other conditions. The National Institute for Health and Care Excellence (NICE) has produced guidelines to assist clinicians in diagnosing the condition. This guidance also provides clinicians with best practice for treating the many possible symptoms of MS, including mobility problems and fatigue.

I fully appreciate that those suffering from MS may also have specific long-term social care needs. The Government has prioritised finding a long term social care solution with cross-party support. Better integration between health and social care provision, creating genuinely people-centred coordinated care, is also required, and I look forward to this being explored in forthcoming discussions.

I am encouraged that since 2015, £150.6 million has been spent on MS research through the National Institute for Health Research and UK Research and Innovation. This funding demonstrates the commitment both of the Government and of the scientific research community to support people living with MS.

Regarding Sativex, I know that it is licensed for certain uses in the UK, as it has recognised benefits for sufferers of MS. However, the guidance from NICE states that it is not a cost-effective treatment for the NHS to routinely offer. NICE update their guidance regularly, and it will be for them to discuss with the manufacturers of Sativex to find a model of funding appropriate to the NHS.

I welcome the decision of NICE to recommend Ocrelizumab for treating relapsing-remitting MS, and I am very pleased to hear the recent announcement that Ocrelizumab has been recommended to treat primary progressive MS as well. A commercial deal reached between NHS England and the manufacturers of Ocrelizumab, Roche, improved the drug's cost-effectiveness and paved the way for NICE to recommend its use for primary progressive MS.

I have been following with interest the experiences of people who have been prescribed Fampridine. In particular, I have read of the experiences of some individuals who took Fampridine during clinical trials, only to see it withdrawn when the trial ended. Improving mobility and quality of life is something I would expect those drawing up guidelines about the treatment of MS to prioritise. As I'm sure you are aware, the National Institute for Health and Care Excellence's (NICE) is updating its guideline on MS, including to take account of new evidence on the effectiveness of Fampridine for treating mobility in people with MS, and this guidance is expected to be published in July 2022. While this is ultimately a matter for NICE, I know that NICE is aware of the strength of feeling about Fampridine.

Throughout the COVID-19 pandemic, the NHS in England has maintained access to urgent and emergency care, including treatments for patients with MS. For non-urgent care, remote consultations using video, telephone, email and text message services were made available as a priority where appropriate. In



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December 2020, NHS England and NHS Improvement outlined priorities for the remainder of 2020-2021 and into 2021-2022, including maximising the NHS's capacity to treat non-COVID-19 patients. This capacity includes services for people with neurological conditions, including for MS treatments across their disease course, whether they are for their overall quality of life or other individual needs - for example, physiotherapy, occupational therapy, and speech and language therapy.

Thank you again for taking the time to contact me.

Yours faithfully,

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

CHRIS HEATON-HARRIS MP
MEMBER OF PARLIAMENT FOR DAVENTRY