GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

# Specialised Services Policy Position PP239

## Inherited White Matter Disorder Diagnostics and Management (IWMD) (All ages)

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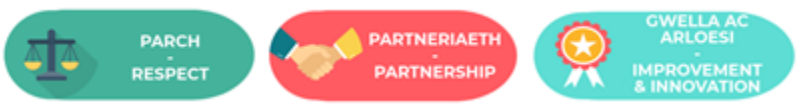
*Version 1.0*



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| **Description** | NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy |
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# Contents

# Policy Statement

Welsh Health Specialised Services Committee (WHSSC) will commission Inherited White Matter Diagnostic and Management Services (IWMD) for people with suspected or confirmed IWMD in accordance with the criteria outlined in this document.

In creating this document WHSSC has reviewed the relevant guidance issued by NHS England[1] and has concluded that IWMD service should be made available.

## Welsh Language

WHSSC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the Welsh Language Act (1993), the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No.7) Regulations 2018.

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this WHSSC is committed to working closely with providers to ensure that in the absence of a welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

## Decarbonisation

WHSSC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the WHSSC commitment.

## Disclaimer

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this policy position statement.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make

[1] NHS England » Clinical commissioning policy: Inherited White Matter Disorders Diagnostic and Management Service (IWMD) (All Ages)

decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this policy position statement.

# 1. Introduction

This Policy Position Statement has been developed for the planning and delivery of an Inherited White Matter Disorders (IWMD) Diagnostic and Management Service for people resident in Wales. This service will only be commissioned by the Welsh Health Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

## 1.1 Plain language summary

White matter (found in the deeper tissues in the brain and contains nerve fibres which are extensions of nerve cells) is required for the correct transmission of nerve impulses between neurons (specialised cells that transmit nerve impulses) involved in cognitive processes such as planning, organising, problem-solving and focusing attention. IWMD's are a group of rare genetic disorders caused by a single gene mutation which affect the white matter in the brain and sometimes in the peripheral nervous system (the nervous system outside the brain and spinal cord) resulting in delay or slowing of motor development or loss of previously acquired motor skills.

Symptoms include visual, gait, feeding/eating difficulties, encephalopathy, seizures and cognitive and psychiatric features, skin conditions, impacts on the bladder and bowel, breathing, hygiene, self-care, sleeping and pain levels.

Inherited White Matter Disorders comprise of a large number of distinct genetic diseases with over 90 identified to date (Annex i).

## 1.2 Aims and Objectives

This Policy Position Statement aims to define the commissioning position of WHSSC on the use of IWMD services for people with suspected or confirmed IWMD.

The objectives of this policy are to:

- ensure commissioning for IWMD services is evidence based
- ensure equitable access to IWMD services
- define criteria for people with IWMD to access treatment
- improve outcomes for people with IWMD

## 1.3 Current Service

An IWMD service is provided by a small number of separate but collaborating paediatric and adult IWMD Lead centres in NHS England that will:

- develop and advise on the use of tailored, disease-specific protocols, guidelines, pathways and specialist diagnostics to enable accurate and early diagnosis to access optimal management and treatment, including initiation of treatment trials;

- support local neurology services by providing a diagnosis and management service including advice on symptom management;
- register patients on the National Rare Disease Registry and the IWMD Service Register;
- facilitate research including formal collaboration with other international white matter disease services and registries;
- ensure that patients and families and carers are involved in the design and functioning of the network

Please refer to NHS England Service Specification for Inherited White Matter Disorders Diagnostic and Management Service (IWMD) (All ages) for further detail regarding an overview of the IWMD Diagnostic and Management provision.

### 1.4 What NHS Wales has decided

WHSSC has carefully reviewed the relevant guidance issued by NHS England[2]. We have concluded that IWMD services should be made available within the criteria set out in section 2.1.

[2] NHS England » Clinical commissioning policy: Inherited White Matter Disorders Diagnostic and Management Service (IWMD) (All Ages)

# 2. Criteria for Commissioning

The Welsh Health Specialised Services Committee have approved funding of IWMD for people with suspected or confirmed IWMD, in-line with the criteria identified in the policy.

## 2.1 Inclusion Criteria

The service will accept referrals for patients who meet the following criteria:

- Suspected IWMD (including fetal referrals based on antenatal scan and where a sibling has previously been diagnosed with the condition)
- Confirmed IWMD with a specific clinical question concerning management, treatment or participation in a treatment trial.

## 2.2 Referrals to the service

The service will accept inward referrals of patients with suspected or confirmed IWMD's from:

- fetal medicine
- tertiary level neurology services
- tertiary level metabolic diseases services
- clinical genetics services
- secondary care level services for patients with a confirmed diagnosis, and
- other specialist services.

The patient pathway is outlined in Annex ii.

## 2.3 Levels of assessment

The IWMD Lead centres will provide three levels of assessment based on the needs of individual patients:

- **Level 1:** Patients already diagnosed locally.

  The expert team Multidisciplinary team (MDT) will add the details of these patients to a new clinical registry[3] to build up the NHS understanding of this rare condition and confirm the care plan to reduce the impact of the symptoms on the patient to improve their quality of life.

- **Level 2:** Patients where a diagnosis has not been made.

  The remote review MDT will review local test results and make recommendations for further molecular testing, review the outcomes of the new tests and advise on local management.

[3] It is the responsibility of the local referrer to inform the patients that they will be asked to have their data included in the new national registry.

- **Level 3:** Patients where a diagnosis has not been made and where there is a complexity or concern over management.

  The patient will be invited to a clinic in one of the IWMD Lead Centres where there will be a one-stop clinical review by the IWMD services expert team and review of test results. Regular review at the IWMD centre would only occur if the patient was part of a treatment study.

## 2.4 Exclusion Criteria

Treatment such as haematopoietic stem cell therapy (bone marrow transplant) may be offered for these disorders which are jointly managed by neurology and metabolic disease services including the national Lysosomal Storage Disorders Service These are therefore outside the scope of this service and this policy position statement.

## 2.5 Discharge Criteria

In the majority of cases, once the services multi-disciplinary team has agreed the diagnosis and determined any management advice to support the local delivery of the individual care plan, clinical care will be wholly provided by local or tertiary services and patients will be discharge to local care. Only complex or undiagnosed cases will be considered for the need for ongoing review.

## 2.6 Continuation of Treatment

Healthcare professionals are expected to review a patient's health at regular intervals to ensure they are demonstrating an improvement to their health due to the treatment being given.

If no improvement to a patient's health has been recorded then clinical judgement on the continuation of treatment must be made by the treating healthcare professional.

## 2.7 Acceptance Criteria

The service outlined in this specification is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

## 2.8 Designated Centre (s)

- **Adults**

  National Hospital for Neurology & Neurosurgery
  Queen Square

London
WC1N 3BG

- **Paediatrics**

  Leeds Childrens Hospital
  Clarendon Wing
  Leeds
  LS1 3EX

  Royal Manchester Childrens Hospital
  Oxford Road
  Manchester
  M13 9WL

  Birmingham Childrens Hospital
  Steelhouse Lane
  Birmingham
  B4 6NH

  Great Ormond Street Hospital
  Great Ormond Street
  London
  WC1N 3JH

## 2.9 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: Welsh Health Specialised Services Committee (WHSSC) | Individual Patient Funding Requests

## 2.10 Clinical Outcome and Quality Measures

The Provider must work to written quality standards and provide monitoring information to the lead commissioner as set out in the NHS England Service Specification - Inherited White Matter Disorders Diagnosis and Management Service (IWMD) (All ages).

The centre must enable the patient's, carer's and advocate's informed participation and to be able to demonstrate this. Provision should be made

for patients with communication difficulties and for children, teenagers and young adults.

## 2.11 Responsibilities

Referrers should:

- inform the patient that this treatment is not routinely funded outside the criteria in this policy, and
- refer via the agreed pathway.

Clinician considering treatment should:

- discuss all the alternative treatment with the patient
- advise the patient of any side effects and risks of the potential treatment
- inform the patient that treatment is not routinely funded outside of the criteria in the policy, and
- confirm that there is contractual agreement with WHSSC for the treatment.

In all other circumstances an IPFR must be submitted.

## 3. Documents which have informed this policy

The following documents have been used to inform this policy:

- **NHS England policies**
  - Inherited White Matter Disorders Diagnostic and Management Service (IWMD) (All ages),1662 March 2021

This document should be read in conjunction with the following documents:

- **NHS Wales**
  - All Wales Policy: Making Decisions in Individual Patient Funding requests (IPFR).

## 4. Date of Review

This document will be reviewed when information is received which indicates that the policy requires revision.

# 5. Putting Things Right

## 5.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to WHSSC.

## 5.2 Individual Patient Funding Request (IPFR)

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at: Welsh Health Specialised Services Committee (WHSSC) | Individual Patient Funding Requests

# 6. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

# Annex i: List of IWMD's/Leukodystrophies currently recognised

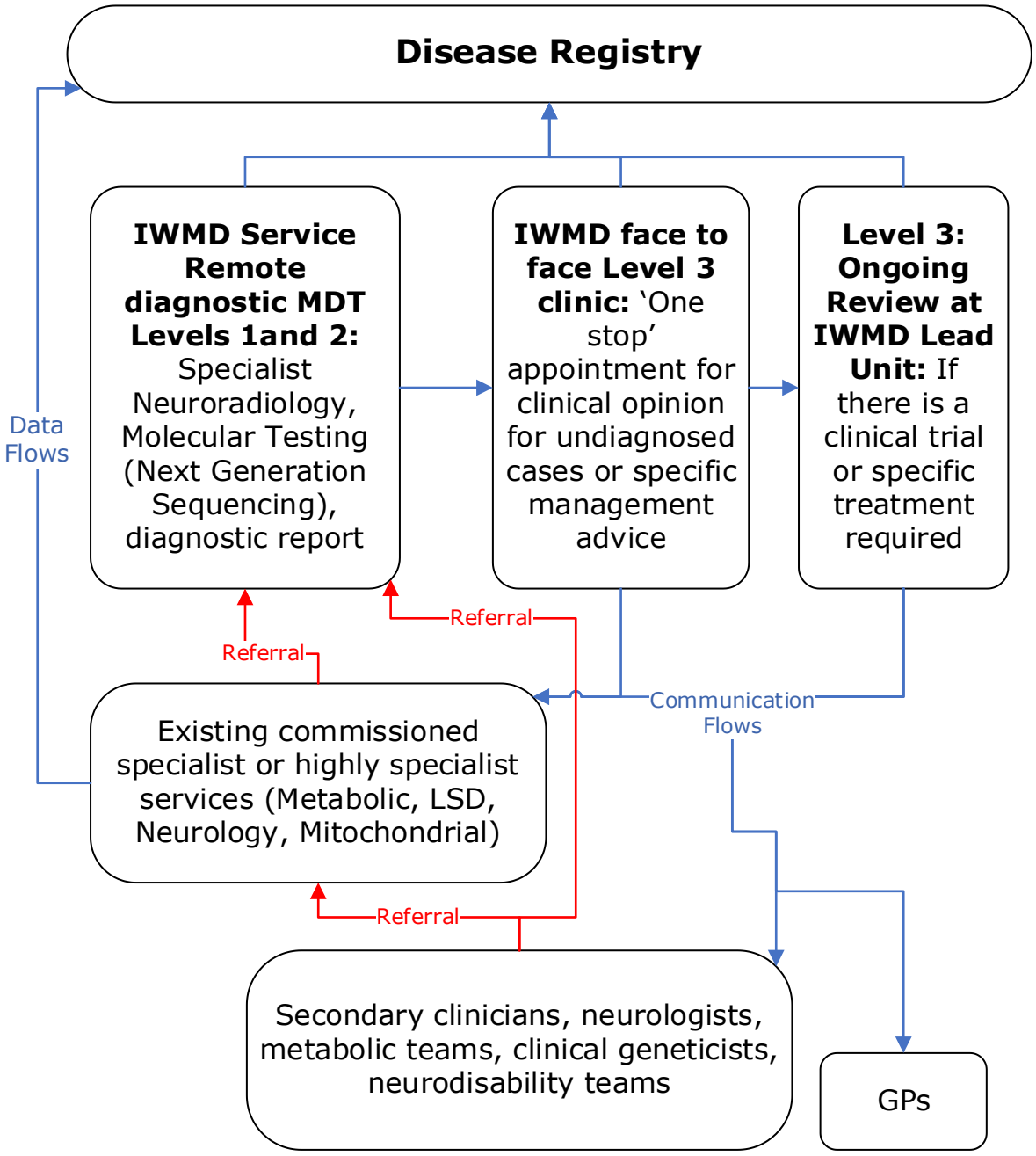
List of IWMD's/Leukodystrophies currently recognised (not exhaustive).

| Title of clinical condition | Other names | Gene if known |
|---|---|---|
| AARS2 related leukodystrophy | Ovario leukodystrophy | AARS2 |
| Adult onset autosomal dominant leukodystrophy | Lamin related LD | LMNB1 |
| AGC1 deficiency associated hypomyelination | AGC1 | SLC25A12 |
| Aicardi-Goutieres syndrome | | TREX1<br>RNASEH2A<br>RNASEH2B<br>RNASEH2C<br>SAMHD1<br>ADAR1<br>IFIH1 |
| AIMP1 mutation related hypomyelination | | AIMP1 |
| Alexander disease | | GFAP |
| Canavan disease | | ASPA |
| Cathepsin A related arteriopathy with strokes and leukoencephalopathy | CARASAL | CTSA |
| Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopahty | (CADASIL) | NOTCH3 |
| Cerebral autosomal recessive arteriopathy with subcortical infarcts and leukoencephalopathy | (CARASIL) | HTRA1 |
| Cerebrotendinous xanthomatosis | | CYP27A1 |
| CLC2 related disease | | CLC 2 |
| Coats Plus disease | | CTC1<br>POT1 STN1 |
| Fucosidosis | | FUCA1 |
| Giant axonal neuropathy | | GAN |
| Hereditary diffuse leukoencephalopathy with spheroids | (HDLS) | CSF1R |
| Hypomyelination with atrophy of the basal ganglia | HABC | TUBB4A |
| Hypomyelination with congenital cataract | HCC | HYCCIN (FAM126A) |
| Hypomyelination with brainstem and spinal cord involvement and leg spasticity | HBSL | DARS |
| HSPD related hypomyelination | | HSPD1 |
| Krabbe leukodystrophy | Globoid cell leukodystrophy | GALC |
| Leighs disease | | (many genes) |

| | | |
|---|---|---|
| Leukoencephalopathy with brainstem and spinal cord involvement and high lactate | LBSL | DARS2 |
| Leukoencephalopathy with calcification and cysts | Labrune disease | SNORD118 |
| Leukoencephalopathy with thalamus and brainstem involvement and elevated lactate | LTBL | EARS2 |
| Megalencephalic leukosdystrophy with subcortical cysts | MLC | MLC1 GLIALCAM |
| Metachromatic leukodystrophy | | ARSA |
| Mitochondrial disease associated leukodystrophies | | Many different genes |
| Nasu Hakola disease | Polycystic lipomembranous osteodysplasia with sclerosing leukoencephalopathy (PLOSL) | TREM2 TYROBP |
| Oculodentodigital dysplasia | | *GJA1* |
| Pelizaeus-Merzbacher disease | | *PLP1* |
| Pelizaeus - Merzbacher like disease | | *GJC2 SOX10 MAG* |
| Peroxisomal disorders (many genes) | | *PEX genes* |
| Polyglucosan body disease | | *GBE1* |
| POLR3 related leukodystrophy | 4H syndrome<br>Tremor ataxia with central hypomyelination (TACH) | *POLR3A POLR3B* |
| POLR1C related leukodystrophy | | *POLR1C* |
| RARS related hypomyelination | RARS | *TBA* |
| Sialic acid storage disorders | | *SLC17A5* |
| Sjogren-Larsson syndrome | | *ALDH3A2* |
| Vanishing white matter disease | Childhood ataxia with CNS hypomyerlination (CACH) | *EIF2B1 -5* |
| X-linked adrenoleukodystrophy and adrenomyeloneuropathy | | *ABCD1* |

* For some of the above there are multiple specific genetic subtypes e.g. mitochondrial or peroxisomal disorders

## Annex ii Patient Pathway



# Annex iii Abbreviations and Glossary

## Abbreviations

**IPFR** Individual Patient Funding Request

**WHSSC** Welsh Health Specialised Services

**IWMD** Inherited White Matter Disorders

**ICD 10** International Statistical Classification of Diseases and Health Related Problems 10th revision

**MDT** Multi-disciplinary Team

## Glossary

### Individual Patient Funding Request (IPFR)

An IPFR is a request to Welsh Health Specialised Services Committee (WHSSC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

### Welsh Health Specialised Services Committee (WHSSC)

WHSSC is a joint committee of the seven local health boards in Wales. The purpose of WHSSC is to ensure that the population of Wales has fair and equitable access to the full range of Specialised Services and Tertiary Services. WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.

### White Matter

The white matter is one of the major components of the brain and spinal cord. It plays many important roles in normal brain development and function and diseases of the white mater result in impaired brain function resulting in gait abnormalities, learning difficulties, feeding difficulties, weakness, visual problems and early death.

### ICD -10

A medical classification kit by the World Health organisation (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or disease.

### Multi-disciplinary Team (MDT)

A Multi-disciplinary team is a group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.

## Peripheral Nervous System

The peripheral nervous system is the part of the nervous system that consist of nerves and ganglia outside of the brain and spinal cord.