



**Hertfordshire and  
West Essex  
Integrated Care Board**

**NHS Herts and West Essex**

**Integrated Care Board (ICB)**

**Faecal Microbiota Transplants**

**July 2022 V1.0**

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<b>Responsible Director</b>	<b>Medical Director</b>
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<b>Description</b>	<b>Policy for local Evidence Based Interventions procedure</b>
<b>Superseded Documents (if applicable)</b>	<b>Hertfordshire CCG (Priorities Forum) – Faecal Microbiota Transplants</b>

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**Document Control**

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The policy should include a contents page, as set out below, and be structured around all of the headings shown (although not necessarily in the same order)

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2.	<b>Purpose</b> The rationale for the development of the policy; objectives and intended outcomes of the process / system described	4
3.	<b>Content</b> The key points of the policy should be written in a clear, concise manner, so as to be easily understood and correctly interpreted	4

## Appendices:

Each appendix will be numbered to follow on from the policy document.

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## Policy: Faecal Microbiota Transplants

This policy is based on the Southampton, Hampshire, Isle of Wight and Portsmouth Clinical Commissioning Groups Priorities Committee Policy]

The Priorities Forum has reviewed the evidence of clinical and cost effectiveness of Faecal microbiota transplants (FMT) and recommends:

- Commissioning FMT for recurrent or refractory Clostridium Difficile infection up to a maximum of two transplants.
- FMT for any other indication is not routinely funded.

### Supporting Information

- The majority of the weight of evidence presented has been provided from activities and positive national endorsement from both Public Health England and NICE Interventional Procedure Guidance.
- Realistic cost of £600 per patient based on the Department of Health guidance including the cost of screening, hospital admission, x-ray, nasogastric tube, laxatives and vancomycin.
- There is interest in the use of FMT for the treatment of other disorders. FMT is already recognised as an emerging treatment for recurrent Clostridium Difficile infections in patients where antibiotic and other lines of treatment have failed, and the role of intestinal microbiota is recognised as being involved in the pathogenesis of inflammatory bowel disease.

### Human Rights and Equalities Legislation has been considered

**Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.**

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