

# Brain tumours and NHS England

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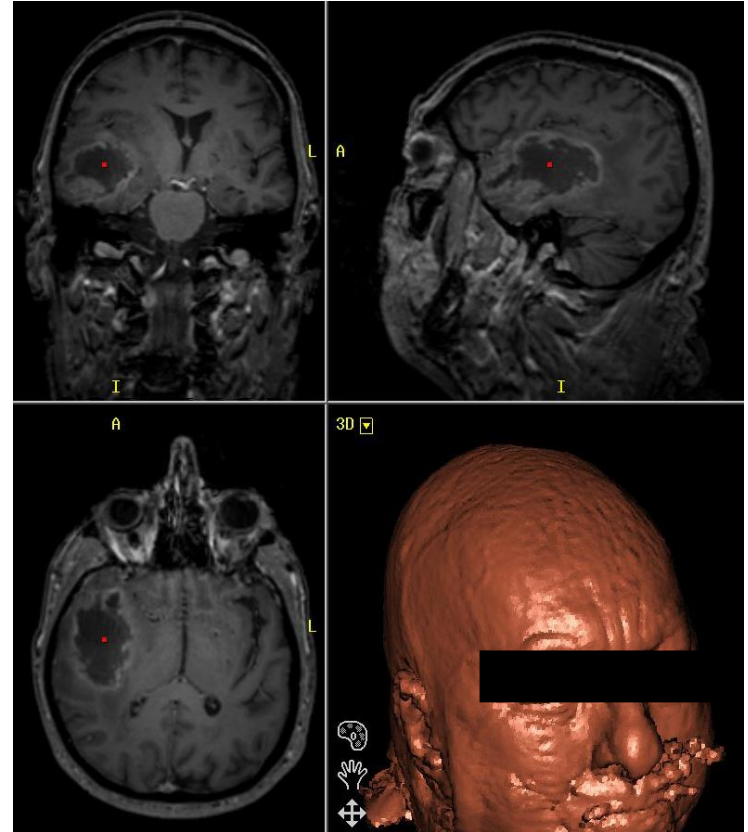
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NCRAS CNS tumours workshop April 12<sup>th</sup> 2016.



# Overview

- National programmes of care and clinical reference groups
- Stereotactic radiosurgery
- NICE guidance consultation
- People with brain tumours



# What is a specialized service?

- Specialized services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialized hospital trusts that can recruit a team of staff with the appropriate expertise and enable them to develop their skills.

# National Programmes of Care and Clinical Reference Groups

- NHS England commissions specialized services
- 14% of total budget = £13,800,000,000
- Clinical strategies
- Commissioning based on:
  - Clear evidence
  - Cost effective
  - Patient focused



# Five (Six) Programmes of Care

- Internal medicine
- Cancer and blood
- Mental health
- Trauma
- Women and children
- Within Cancer there were 16 Clinical reference groups including
  - CNS tumours
  - Radiotherapy
  - Chemotherapy

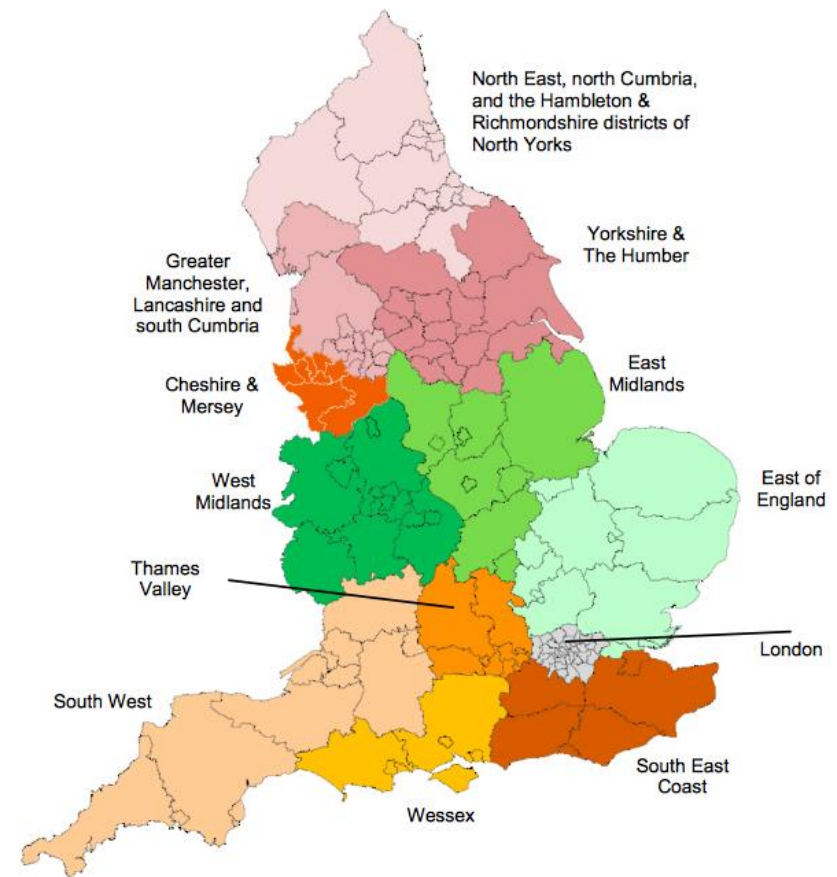
# Clinical Reference Groups (CRGs)

The primary source of clinical advice on the development and assurance of specialized services contract products

(such as specifications and commissioning policies)

# CNS tumours - Membership

- Chair (Paul Grundy)
- 14 regional representatives
  - Merseyside and Cheshire
- Patient representatives (up to 4)
- Professional organizations (up to 4)
- Accountable commissioner



# Work programme highlights 2013 - 2016

- Service specifications revision
- 5ALA clinical commissioning policy
- Molecular markers
- Co dependencies
- PICO research topics for NIHR
- SRS/T revision of service specifications



# Service Specifications evidence base

## **Department of Health**

Improving Outcomes; a Strategy for Cancer – Department of Health (2011)

Cancer Commissioning Guidance - Department of Health (2011)

## **NICE**

Improving supportive and palliative care for adults with cancer - NICE(2004)

Improving outcomes for people with brain and other CNS tumours (2006)

NICE clinical guidelines: Diagnosis and management of patients with metastatic spinal cord compression (November 2008)

NICE clinical guidelines: Improving outcomes in children and young people with cancer (August 2005)

Quality standard for end of life care for adults – NICE (2011)

Quality standard for patient experience in adult NHS services –  
NICE (2012)

# Service specifications continued

## **National Cancer Peer Review**

National Cancer Peer Review (NCPR) handbook – National Cancer Action Team (2011)

Manual for cancer services: brain and CNS measures (2011)

Manual for cancer services: acute oncology measures (April 2011)

Manual for cancer services: chemotherapy measures (June 2011)

## **Other**

Chemotherapy services in England. National Chemotherapy Advisory Group (2009)

# 5 ALA

- Commissioning policy
- Written by Stephen Price
- Accepted
- But cost within tariff



# Molecular markers

- Commissioning policy
- Written by Sebastian Brandner
- 1p19q, MGMT, IDH 1, and many others
- ? To be incorporated into genetic and molecular markers for all tumours



# NIHR research priorities and codependancies

- Taken from the James Lynd Alliance
- The value of molecular markers
- The role of interval scanning
- The role of early palliative care
- + (CW) Early reoperation

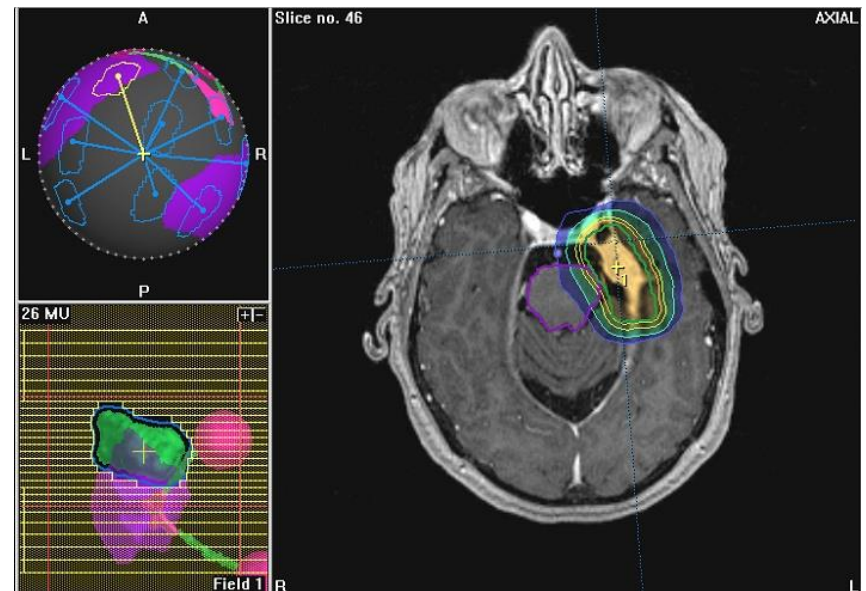
# SRS / T

- Originally 6 national SRS units
- Expert reference group formed (PG chair)
- Compromise
  - Local SRS for mets / acoustics / meningiomas
  - National providers for AVM's, TGN
  - Any platform
  - 100 / year / unit



# SRS / T

- ‘Consultation’
- ERG review of comments made
- National procurement
  - Scoring of applications
  - Contracting (May 2016)
  - Response to challenges
- Quality assurance
- Outcomes



# SRS for rare tumours

- Haemangioblastoma
- Pilocytic astrocytomas
- Ependymoma
- Trigeminal schwannomas
- Principles for SRS
- Surgery is 1<sup>st</sup> choice
- SRS if surgery not possible
  - Residual disease
  - ‘Inoperable’
  - Recurrence (after surgery considered)
- Patient choice not considered!



# CRG - What we didn't do

- Numbers for peer review
- NF1 / NF2 service specifications revision
- Volume MRI's



# CNS tumours group ended 2016

- New Clinical Reference Groups in Cancer
  - Cancer Surgery, Radiotherapy, Chemotherapy, Diagnostics, TYA
- New Membership
  - 4 regional representatives
  - Patient and professional representatives
- Expert Reference Groups continuing
  - Skull base provision (NCIN, NNAP)
  - SRS Quality Assurance

**No CNS Tumours Representation**

# Update on NICE guidance

