National Cancer Action Team

Part of the National Cancer Programme

Brain and CNS SSCRG Workshop 2012

Preliminary Brain and CNS 2011 - 2012

	Number of teams	Overall National Compliance	IRs	SCs
Functions of the neuro-oncology disease site group	21	79%	1	6
Functions of the locality/trust group	156	78%	4	13
Cancer Network MDT	23	62%	2	6
Neuroscience MDT	59	61%	4	12

Immediate Risks and Serious Concerns: Neuro-oncology Disease Site Group

- Adequacy of CNS provision
- Equity and availability of rehabilitation
- Inappropriately constituted NSSG, for example lack of neuropsychologist; lack of rehabilitation lead; no representation from skull base and pituitary MDTs

Immediate Risks and Serious Concerns: Functions of the locality/trust group

- Brain and CNS tumour surgery carried out at non-designated neuro-science centre
- Issues with electronic transfer of images
- Availability and capacity of neuropathology, neuropsychology, rehabilitation expertise, CNS and radiology
- Inconsistency in patient pathway and lack of reassurance all appropriate patients referred

Immediate Risks and Serious Concerns: Cancer Network MDT

- Clinical oncology support
- Single handed oncologist and surgeon
- Adequacy of CNS and AHP resource
- Provision of neuropathology

Immediate Risks and Serious Concerns: Neuroscience MDTs

- Adequacy of neuropathology support
- CNS and AHP resource
- Single handed oncologist and surgeon
- Lack of follow up model for pituitary patients and lack of CNS support for these patients

Measures 50% or under

11-1C-1k - Brain & CNS Net Group	
11-1C-111k - Area Lead for Neuro-rehabilitation	48%
11-1D-1k - Brain & CNS Locality/Trust Group	
11-1D-103k - The Multidisciplinary Specialist Clinic	41%
11-1D-111k - Neuro-rehabilitation Facilities	50%

Measures 50% or under (cont.)

11-2K-1 - Cancer Network MDT	
11-2K-101 - Lead Clinician and Core Team Membership	35%
11-2K-102 - Extended Team Membership	20%
11-2K-105 - Cover Arrangements for Core Members	30%
11-2K-106 - Core Members Attendance	20%
11-2K-112 - Attendance at the National Advanced Communications Skills Training	20%
11-2K-116 - Patients' Experience Exercise	50%
11-2K-125 - Agreed Participation in Area Audit	45%

Measures 50% or under (cont.)

11-2K-2,3,4,5 - Neuroscience MDT	
Lead Clinician and Core Team Membership for a NSMDT Dealing with Brain and Other Rare CNS Tumours	25%
Lead Clinician and Core Team Membership for a NSMDT Dealing with Brain and Other Rare CNS Tumours which is being reviewed as a combined CN and NS MDT	0%
Lead Clinician and Core Team Membership for a NSMDT Dealing with Pituitary Tumours	33%
Lead Clinician and Core Team Membership for a NSMDT Dealing with Spinal Tumours	44%
Lead Clinician and Core Team Membership for a NSMDT Dealing with Skull Base Tumours	29%

Measures 50% or under (cont.)

11-2K-2,3,4,5 - Neuroscience MDT (cont.)	
Lead Clinician and Core Team Membership of NSMDTs Dealing with Combinations of Tumour Groups	28%
Extended Team Membership for an NSMDT Dealing with Brain and Other Rare CNS Tumours which is being reviewed as a Combined CN and NS MDT	33%
Extended Team Membership for an NSMDT Dealing with Pituitary Tumours	38%
Extended Team Membership for an NSMDT Dealing with Spinal Tumours	44%
Extended Team Membership for an NSMDT Dealing with Skull Base Tumours	38%
Extended Team Membership of NSMDTs Dealing with Combinations of Tumours	50%

Measures 50% or under (cont.)

11-2K-2,3,4,5 - Neuroscience MDT (cont.)	
Cover Arrangements for Core Members	20%
Core Members Attendance	13%
Informing the GP of the Diagnosis	43%
Attendance at the National Advanced Communications Skills Training	2%
50% Specified Surgical Programmed Activities (Applicable to NSMDTs dealing with brain and other rare CNS tumours and/or spinal tumours)	47%
Agreed Participation in Area Audit	36%

Clinical Lines of Enquiry

Development of Clinical Indicators

- Increasing focus on addressing key clinical issues and clinical outcomes
- Clinical indicators developed in conjunction with SSCRGs and relevant tumour specific national bodies.
- Aligned with Service Profiles
- Based on national data

Development of Clinical Lines of Enquiry

- Briefing sheet identifying the questions reviewers will ask in relation to the clinical indicators based on the data

Clinical Lines of Enquiry

- Conclusions from clinical discussions with review teams will be supportive in
  - Highlighting significant progress and/or good clinical practice
  - Identifying challenges faced in providing a clinically effective service
  - Identifying areas where a team/service may require support/development to maximise its clinical effectiveness

Suggestions received to date for Brain and CNS

BNOS

- The current diagnostic interval prior to diagnosis.
- What proportion of patients (not requiring emergency surgical intervention) are currently discussed in a properly constituted MDT prior to surgery, and further the proportion of patients subsequently surgically managed exclusively by a surgeon who is a core member of the MDT.
- % of patients who proceed to adjuvant therapy – as a rule radiotherapy – within 4 weeks of this decision to treat having been made in the MDT.
- % of patients who are entered into eligible clinical trials (RCTs and non randomised RCTS)
- The availability and uptake of current molecular diagnostic techniques (e.g. 1p 19q, MGMT, IDH1) to MDTs in England.

Suggestions received to date for Brain and CNS

Malignant Tumours (Primary/Secondary)

- % patients discussed pre-operatively at MDT
- 1 + 2 year survival for low grades
- Chemo mortality/morbidity
- Surgical complications
- Length of Stay per surgery type
- 3 months performance status after stereotactic radiotherapy for low grades i.e. how many are back at work. The preference would be for this patient group to be either 0 or 1 on the WHO performance status.
- 12 month performance status (WHO) for high grades

Suggestions received to date for Brain and CNS

Benign Tumours (meningioma/acoustic/pituitary)

Surgical complications

- In pituitary - endocrine cure rate
  % followed in joint pituitary clinic
- In meningioma- return to work rate
  10-year control rate
- In acoustic- hearing preservation rate
  % treated with SRS
- % discussed at MDT