

Proposed revisions to Clinical Reference Groups: a response from Target Ovarian Cancer

March 2016

Target Ovarian Cancer is the national ovarian cancer charity working to save lives and help women diagnosed live their lives to the full, wherever they are in the UK. We do this by improving early diagnosis, finding new treatments and providing support for women.

Background to Clinical Reference Groups

The Health and Social Care Act 2012 introduced specialised commissioning for those health conditions with smaller patient populations.

Clinical Reference Groups (CRGs) are responsible for developing a service specification for each condition covered. CRGs are grouped into different National Programmes of Care:

- Internal medicine
- Cancer
- Mental health
- Trauma
- Women and children
- Blood and infection

Rather than sitting in the Cancer National Programme of Care, ovarian cancer sits with Women and Children, under the Complex Gynaecological Services CRG.

Target Ovarian Cancer's response to the consultation

I. Do you have any comments on the proposed revisions set out in section 2 of the engagement guide around the resourcing of CRGS, the remuneration of members or the number of members in each CRG?

The proposal to significantly reduce the membership of the CRGs risks reducing the range of views and perspectives contributing to service specifications, policies and dashboards. This poses a particular risk for the 19,000 patients diagnosed each year with gynaecological cancers; the Complex Gynaecological Services CRG covers a wide range of specialisms and is already short of cancer expertise.

II. Do you have any comments on the proposed revisions set out in sections 3 – 8 of the engagement guide relating to the numbers and remit of the CRGs within each National Programme of Care?

Rather than sitting in the Cancer National Programme of Care, ovarian cancer sits with Women and Children, under the Complex Gynaecological Services CRG.

Other cancers outside of the existing Cancer National Programme of Care include:

- Pancreatic Cancer (Hepatobiliary and Pancreas CRG/Internal Medicine)

- Anal Cancer (Specialised Colorectal Services CRG/Internal Medicine)
- Skin Cancer (Specialised Dermatology CRG/Internal Medicine)
- Paediatric Oncology (Paediatric Cancer Services CRG/Women and Children)

This is in contrast to the following cancers which are covered by the Cancer National Programme of Care:

- Mesothelioma (Thoracic Surgery CRG/Cancer)
- Oesophageal and Gastric Cancer (Oesophageal Surgery CRG/Cancer)
- Bone Tumours (Sarcoma CRG/Cancer)
- Soft Tissue Sarcoma (Sarcoma CRG/Cancer)
- Brain and Central Nervous System Cancer (CNS Tumours CRG/Cancer)
- Specialised Kidney, Bladder and Prostate Cancer (Specialised Urology CRG/Cancer)
- Penile Cancer (Specialised Urology CRG/Cancer)
- Testicular Cancer (Specialised Urology CRG/Cancer)
- Head and Neck Cancer (Complex Head and Neck CRG/Cancer)

This imbalance will shift further with the proposed changes, as paediatric cancer will also move into the Cancer National Programme of Care. That leaves just skin, anal, pancreatic and gynaecological cancers sat outside the main Cancer National Programme of Care. Of particular concern is the exclusion of pancreatic and ovarian cancer which have some of the lowest five year survival rates.

It may be that locating these cancers outside of the Cancer National Programme of Care better enables the appropriate expertise to contribute to their service specifications, policies and dashboards. This can only happen with sufficient cancer expertise on their relevant CRGs.

However, the risk is that if the Cancer National Programme of Care is being presented as the driving force for delivering the Cancer Strategy within specialised services, those cancers outside of the Cancer National Programme of Care do not benefit from this renewed focus.

In addition, there is the risk that the assumption is made that the Cancer National Programme of Care covers all cancers within specialised commissioning, which currently it does not.

If gynaecological cancers and those others outside of the Cancer National Programme of Care do not move, it will be vital to demonstrate linkages between the respective National Programmes of Care. It will also be important to see a clear rationale for keeping these cancers outside of the National Programme and a clear statement of how the risks stemming from this will be mitigated.

III. Are there any other changes or revisions that NHS England should consider to the role, function or membership of CRGs?

N/A

IV. Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed revisions that we have described?

N/A