Update on the Thoracic Surgical Clinical Reference Group (CRG)

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Defined role of CRG’s

- Specialised services Clinical Reference Groups (CRGs) are clustered around each of the six NpoC’s and have been established to cover the full range of specialised services defined within NHS England’s mandate.

- The programmes of work for specialised services are structured around the CRGs as the primary source of clinical advice on the development and assurance of specialised services contract products (such as specifications and commissioning policies).

- CRGs bring together groups of clinicians, commissioners, public health experts, patients and carers. They use their specific knowledge and expertise to advise NHS England on the best ways that specialised services should be provided.

- CRGs will provide advice on the development of service specifications, commissioning policies, identifying innovation and improving quality.
In other words…….

• They advise NHS England on commissioning for specialised services
• They produce a service specification to allow access to an equivalent standard of care throughout England
• They can recommend CQUINs
• They identify which highly specialised treatments should be delivered as a supra-regional service
### NHS Outcomes Framework

**Domains and Indicators**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
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<tbody>
<tr>
<td>Domain 1</td>
<td>Preventing people from dying prematurely</td>
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<tr>
<td>Domain 2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
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<td>Domain 3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
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<td>Domain 4</td>
<td>Ensuring people have a positive experience of care</td>
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<td>Domain 5</td>
<td>Treating and caring for people in a safe environment and protecting them from avoidable harm</td>
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Thoracic Surgery CRG (B10)

- CRG chair is Richard Page, supported by 14 regional representatives
- New commissioner recently appointed (Nigel Andrews)
- Service specification currently in draft format
- Separate service specification produced for lung cancer with significant overlap
- CQC inspection criteria likely to be based on elements of service specification
Key Priorities for Thoracic Surgery CRG

• To combat perceived inequalities in access to lung cancer surgery as demonstrated by variation in resection rates between cancer networks
• To increase resection rate in line with other developed countries
• To define how services are organised, staffed and delivered
• To review evidence for commissioning of new / complex / uncommon procedures
Lung cancer surgery

- 62-day and 31-day national targets to be embedded within all thoracic surgery units
- All units are required to prospectively collect operative data in line with SCTS guidelines and LCCOP
- Likely target of 150 LC resections per unit for 2017-8 commissioning (based on better outcomes data)
- Outcomes monitoring to include:
  - Time from referral to first appt in OPC
  - Surgical cancellation rate
  - 1-yr and 5-yr stage-specific survival
  - MDT attendance (95% requirement)
  - Resection rate for stage 1 and 2 NSCLC
  - % of patients having systemic nodal dissection (3 med LN stations)
Thoracic Surgery Services Organisation

- Identified as separate service line within local directorate structure
- 24/7 emergency cover from thoracic consultants supported by mixed practice CT surgeons (but not by pure cardiac surgeons)
- Delivery of CT trauma services currently under review
- On-call no more frequent than 1 in 3
- Job plans to enable travel and attendance at lung cancer MDT > 95% time
- Good links to hospitals without in-house thoracic surgery.
Consultant Surgeon Job Plans

• Minimum thoracic practice within job plans for current CT surgeons:-
  • 1 all-day thoracic list per week.
  • No mixed CT lists
  • 1 lung cancer MDT per week
  • Take part in emergency on-call rota
  • Specific appraisal on thoracic activity and outcomes

• No new CT appointments or mixed CT practices beyond 2020
Other services provision and interdependencies

- Provision of specialised OPC, wards, operating theatres, critical care, anaesthesia and thoracic pathology.
- Access to specialist nursing, CNS, and physiotherapy
- Access to interventional radiology and bronchoscopy
- Co-location with respiratory medicine
What does this mean for units?

- All units will potentially require a minimum of 3 thoracic surgeons +/- CT support in short term
- Units undertaking less than 150 lung cancer resections a year may not be commissioned
- No mixed practice CT appointments or job plans from 2020
Current activities of CRG

- Policies to be developed on thoracic surgical aspects of:-
  - Pectus
  - Robotic surgery
  - (Children's thoracic surgery services)
  - (Complex tracheal surgery)
Questions?